



Provider Selection Form

Please select your Provider of choice/PCP from the list below. The providers are listed by primary clinic site.

PLEASE NOTE: YOU MAY CHOOSE ONLY ONE PROVIDER

* Notes scheduled rotation to multiple clinic sites.

MAINLINE DERMOTT, Dermott, AR

- Jamie Evans, MD
- Kim Weeks, APRN*
- Katelan Welch, APRN

MAINLINE WILMOT, Wilmot, AR

- Brittani Harrington, APRN

MAINLINE STAR CITY, Star City, AR

- Kendal Noble, APRN
- Paul Whipple, DO
- Charlie Cruce, APRN
- April Summer McGhee, APRN
- Kacee Reynolds, APRN

MAINLINE EUDORA, Eudora, AR

- Clark Roberts, APRN

MAINLINE MONTICELLO, Monticello, AR

- Crystal Little, MD
- Holley Shelton, APRN
- Jesse Bone, APRN

MAINLINE UAM, Monticello, AR

- Amy White, APRN

MAINLINE WARREN, Warren, AR

- Kerry Pennington, MD
- Joe Wharton, MD
- Anthony Rodriguez, APRN
- Karen Richardson, APRN
- Jessica Jackson, APRN
- Leanna Huitt, APRN

MAINLINE PORTLAND, Portland, AR

- Cynthia Stahley, APRN

MAINLINE RISON, Rison, AR

- Kimberly Golden, MD
- Tammy Green, APRN

MAINLINE SHERDIAN, Sheridan, AR

- Blayne Beene, DO
- Randi Beard, APRN
- Laura Hensley, APRN
- Brittney Hensley, APRN
- Amber Webb, APRN
- Bridget Williams, APRN

I understand I have chosen the above marked provider as my Provider of choice/PCP and I understand future appointments will be scheduled with him/her to ensure continuity and improved delivery of care. In the event my provider is unavailable, my appointment may be scheduled with another provider. I understand I have the right to request to change my Provider of choice/PCP to a different Provider in accordance with MHSI policy.

Print Patient Name

Patient or Parent/Guardian Signature

Date