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
___ Shenika Jackson-King, APRN

MAINLINE STAR CITY, Star City, AR
___ Kendal Noble, APRN
___ Paul Whipple, DO
___ Charlie Cruce, APRN
___ McKenna Wilkerson, APRN
___ Cassidy Gavin, APRN*

MAINLINE EUDORA, Eudora, AR
___ Kathryn Pippin, APRN

MAINLINE MONTICELLO, Monticello, AR
___ Holley Shelton, APRN
___ Jesse Bone, APRN
___ Kristen Dent, MD

MAINLINE UAM, Monticello, AR
____ Amy White, APRN
____ Dana Phillips, APRN*

MAINLINE WARREN, Warren, AR
___ Kerry Pennington, MD
___ Joe Wharton, MD
___ Anthony Rodriguez, APRN
___ Leanna Huitt, APRN
___ Jessica Jackson, APRN

MAINLINE PORTLAND, Portland, AR
___ Brittani Harrington, APRN

MAINLINE RISON, Rison, AR
____ Kimberly Golden, MD
____ Austin Beatty, MD

MAINLINE SHERIDAN, Sheridan, AR
____ Blayne Beene, DO
____ John Mitchell, MD
____ Bridget Williams, APRN
____ Laura Hensley, APRN
____ Brittney Hensley, APRN
____ Amber Webb, APRN
____ Kira Gray, 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