# Provider Selection Form

## A. Please select:

___ I am establishing or updating my Primary Care Provider (PCP).
___ I am receiving specialty care ***ONLY*** (Behavioral Health, Dental, Women's Health).

## B. PRIMARY CARE SELECTION: Complete this section ***ONLY*** if you are receiving primary care. Please select only one.

**MAINLINE DERMOTT, Dermott, AR**
___ Kim Weeks, APRN
___ Anthony Rodriguez, APRN

**MAINLINE WARREN, Wilmot, AR**
___ Shenika Jackson-King, APRN

**MAINLINE EUDORA, Eudora, AR**
___ Kathryn Pippin, APRN

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

**MAINLINE MONTICELLO, Monticello, AR**
___ Holley Shelton, APRN
___ Jesse Bone, APRN
___ Kristen Dent, MD
___ Amy White, APRN*
___ Jasmine McKissick, MD

**MAINLINE MAGNOLIA, Magnolia, AR**
___ Angela Haynes, APRN
___ Melissa Hamish, APRN
___ Forrest Woods, MD

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

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

**MAINLINE PORTLAND, Portland, AR**
___ Ashley Ainsworth, 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*

## C. Specialty Provider Selection: Complete this section if you are receiving ***ONLY*** specialty services.

Please provide your current Primary Care Provider: _____

**BEHAVIORAL HEALTH**
___Kelli McTigrit, LCSW- Sheridan
___Jamie Harvey, LPC- Monticello
___Josh Wood, LPC- Monticello & Dermott
___Annie Haynes, LCSW- UAM
___Scott Allison Johnson, LCSW- Warren
___Shelly Wolfe, LPC- Warren School
___Tasha Lewis, LCSW-Star City II
___Angie Watson, LCSW- Sheridan
___Becca Woodall, LCSW- UAM
___ Amanda Kelley, LCSW- Star City
___ Guy Scarbrough, LAC- Star City
___ Veronica White, LAC- Magnolia
___ Andrea Dixon, LAC- Lakeside
___ Katy Brown, LMSW- Monticello
___ Marshae Shaw, LAC- Warren/Warren School
___ Meredith Hudson, LPC- Portland, Eudora, & Monticello
___Jennifer Cotton, LCSW- Monticello & Drew Central

**DENTAL**
___ Skylar Garner, DDS
___ Terri Eubanks, DDS

**WOMENS HEALTH**
___ Kelly Shrum, DO
___ Kristen Dent, MD
___ Jasmine McKissick, MD
___ Leah O'Fallon, APRN

I understand I have chosen my provider, and upcoming appointments will be with him/her for continuity of care. If unavailable, my appointment may be with another provider. I also have the right to request a change of provider, per MHSI policy.

_____ _____ _____
Print Patient Name | Patient or Parent/Guardian Signature | Date