



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

- William Hunter, DNP, APRN
- Kim Weeks, APRN*
- Brenda Jacobs, DNP, APRN *

SCHOOL BASED CLINIC- DREW CENTRAL, Monticello, AR

- Dana Phillips, APRN

MAINLINE WILMOT, Wilmot, AR

- Dustin Strickland, APRN

MAINLINE WARREN, Warren, AR

- Kerry Pennington, MD
- Joe Wharton, MD
- Heath Reep, APRN
- Karen Richardson, APRN
- Tammy Green, APRN

MAINLINE STAR CITY, Star City, AR

- Amy White, APRN
- Kendal Noble, APRN
- Paul Whipple, MD
- Charlie Gober, APRN *

MAINLINE EUDORA, Eudora, AR

- Clark Roberts, APRN
- Toni Stephens, APRN*

MAINLINE PORTLAND, Portland, AR

- Myra Flemister, APRN

MAINLINE MONTICELLO, Monticello, AR

- Crystal Little, MD
- Jesse Bone, APRN
- Holley Shelton, APRN
- Brenda Jacobs, DNP, APRN*

MAINLINE RISON, Rison, AR

- Kimberly Golden, MD
- Michelle Rawls, APRN

SCHOOL BASED CLINIC- HAMBURG, Hamburg, AR

- Shenika Jackson-King, APRN

SCHOOL BASED CLINIC-EUDORA, Eudora, AR

- Clark Roberts, APRN

SCHOOL BASED CLINIC- PORTLAND, Portland, AR

- Myra Flemister, APRN

SCHOOL BASED CLINIC- DERMOTT, Dermott, AR

- Kim Week, APRN *
- Hillary Montgomery, RDH*

SCHOOL BASED CLINIC- LAKE VILLAGE, Lake Village, AR

- Courtney Johnson, APRN
- Sandlin Rhoads, RDH*

SCHOOL BASED CLINIC-STAR CITY, Star City, AR

- Leah Williams, APRN
- Hillary Montgomery, RDH*

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

Date

Patient's Signature

Parent's Signature or Patient's Representative