



## Provider of Choice/PCP Change Form

I am requesting to change from my current Provider of choice/PCP, \_\_\_\_\_ to the  
Provider selected below:

### **1<sup>st</sup> Choice Healthcare - Ash Flat**

- Tami Bell, APRN
- Michael Throesch, APRN

### **1<sup>st</sup> Choice Healthcare - Corning**

- Darrell Hutchison, MD
- Juan Cazano, MD
- Danna Guntharp, APRN
- Brandon Murphy, MD – Pediatrics
- Kelly Fletcher, MD
- Jennifer Young, APRN – Pediatrics
- Clinton Smith, DO

### **1<sup>st</sup> Choice Healthcare – Paragould**

- Abbey Taber, APRN
- Hetal Patel, MD

### **1<sup>st</sup> Choice Healthcare - Pocahontas**

- G. Randall Guntharp, DO
- Brandon Murphy, MD – Pediatrics
- Heather Hart, APRN
- Calixto Cazano, MD
- Leah Privett, APRN

### **1<sup>st</sup> Choice Healthcare - Walnut Ridge**

- Carrie Hunter, MD
- Varghese Edattukaren, MD
- Melissa Carter, APRN
- Alex Burns, APRN

### **1<sup>st</sup> Choice Healthcare – Salem**

- Rebecca Phillips, MD
- Mike Bell, APRN
- Amy Hodges, APRN - Pediatrics

Reason for the Change: \_\_\_\_\_

**I understand this request to change my Provider of choice/PCP, with regards to 1<sup>st</sup> Choice Healthcare, Inc. policies and procedures, will be effective pending the approval of the Provider I have chosen.**

\_\_\_\_\_  
Print Patient's Name

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature or Patient's Representative

\_\_\_\_\_  
Date