



Provider of Choice/PCP Change Form

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

1st Choice Healthcare - Ash Flat

- Tami Bell, APRN
- Michael Throesch, APRN

1st 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

1st Choice Healthcare – Paragould

- Abbey Taber, APRN
- Hetal Patel, MD

1st Choice Healthcare - Pocahontas

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

1st Choice Healthcare - Walnut Ridge

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

1st 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 1st 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