



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

- ___ Deborah King, APRN
- ___ Haley Tyler, APRN

1st Choice Healthcare - Corning

- ___ Darrell Hutchison, MD
- ___ Juan Cazano, MD
- ___ Brandon Murphy, MD – Pediatrics
- ___ Rickey McGath, MD
- ___ Jennifer Young, APRN – Pediatrics
- ___ Clinton Smith, DO
- ___ Mary Martin, APRN
- ___ Kara Simmons, PA

1st Choice Healthcare – Paragould

- ___ Abbey Taber, APRN
- ___ Calixto Cazano, MD
- ___ James Yancey, MD
- ___ Charrae Burdin, APRN

1st Choice Healthcare - Pocahontas

- ___ Brandon Murphy, MD – Pediatrics
- ___ Leah Privett, APRN
- ___ Navin Mangroo, DO
- ___ Amanda Billingsley, APRN
- ___ Brandi Mays, APRN

1st Choice Healthcare - Walnut Ridge

- ___ Varghese Edattukaren, MD
- ___ Danna Guntharp, APRN
- ___ Michael Throesch, APRN
- ___ John Coates, MD
- ___ Kim Slusser, APRN

1st Choice Healthcare – Salem

- ___ Rebecca Phillips, MD
- ___ Casey Duncan, 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