



Healthy Kids

PRIMARY CARE PHYSICIAN SELECTION FORM

Member Name (Please print): _____ Date of Birth: _____
 FHCP Membership Number: _____ Members Telephone #: _____

Please indicate below, the Healthy Kids Provider you wish to manage your child's health care. Please place the number one (1) as your first choice, number two (2) as your second choice, and number three (3) as your third choice, next to the Provider's/Program's Name. For help with provider availability and selection, please call the FHCP Member Services Office toll-free at 1-877-615-4022. The hearing impaired may call TRS Relay 711.

UPON COMPLETION, PLEASE DATE AND SIGN THIS FORM AND RETURN IT IN THE ENCLOSED POSTAGE PAID ENVELOPE AS SOON AS POSSIBLE TO: Florida Health Care Plans, *Physician Assignment*, 1340 Ridgewood Avenue, Holly Hill, Florida 32117. You will be notified by mail as to which Primary Care Provider your child has been assigned.

Physician	Location		Physician	Location
_____ Collier Health Services	Immokalee, Marco Island, Naples			
_____ Becker, Michelle, MD	Naples		_____ Nyanudor, Vava, M.D.	Naples
_____ Bernard, Rebekah, MD	Bonita Springs		_____ Parish, Samuel, M.D.	Naples
_____ Bertram-Stewart, Dawn MD	Naples		_____ Poling, Patricia MD	Marco Island
_____ Brown, Reisha MD	Naples		_____ Poling, Robert MD	Marco Island
_____ Chema, Hope MD	Naples		_____ Robert, Vera DO	Naples
_____ Jetton, Timothy MD	Naples		_____ Romero, Jacqueline DO	Naples
_____ Madadi, Srirekha MD	Naples		_____ Tineo, Yovanni DO	Naples
_____ Malek, Nicole, DO	Naples		_____ Trivedi Ketan MD	Naples
_____ Mathieu, Vladimir	Naples		_____ Valcourt, Lucienne MD	Naples
_____ McLaughlin, Diana MD	Naples		_____ Vickaryous, Joseph, DO	Marco Island
_____ Mohammadu, Fusaini MD	Naples			

Signature of Parent/Guardian

Date