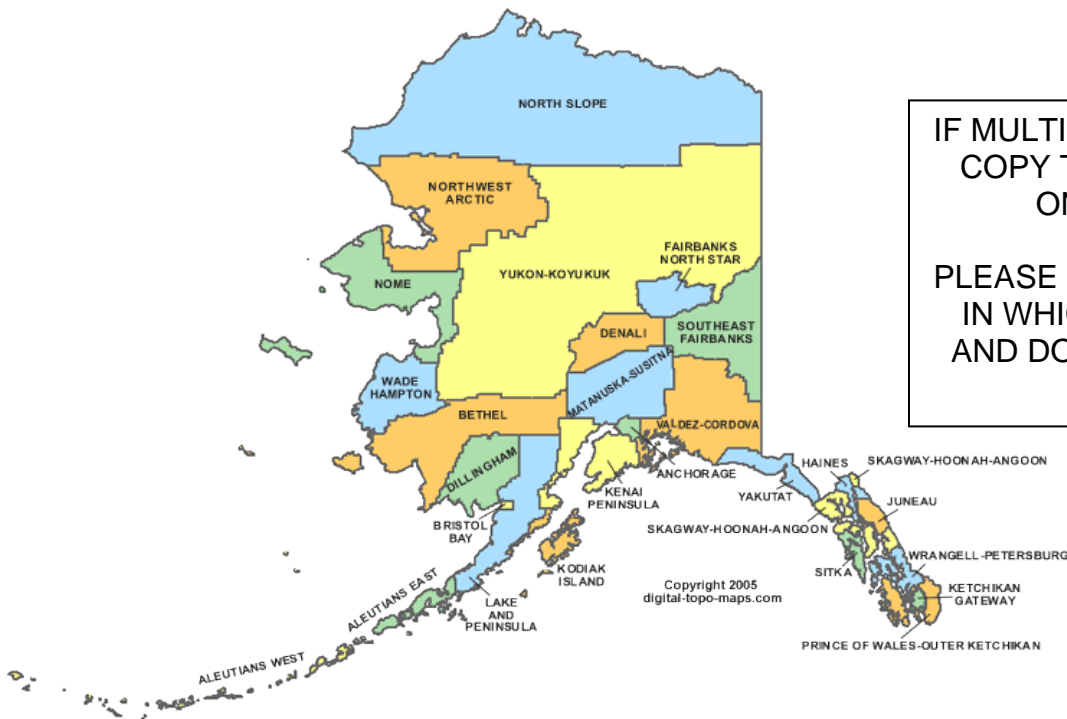


PROVIDER NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

LOCATION NPI #: \_\_\_\_\_



IF MULTIPLE LOCATIONS, PLEASE COPY THIS PAGE AND SUBMIT ONE PER LOCATION.

PLEASE INDICATE THE COUNTIES IN WHICH EACH FACILITY CAN AND DOES PROVIDE SAME DAY SERVICES.

GEOGRAPHICAL AREAS OF COVERAGE IN ALASKA			
<input type="checkbox"/> Aleutians East	<input type="checkbox"/> Fairbanks North Star	<input type="checkbox"/> Matanuska-Susitna	<input type="checkbox"/> Skagway
<input type="checkbox"/> Aleutians West	<input type="checkbox"/> Haines	<input type="checkbox"/> Nome	<input type="checkbox"/> Southeast Fairbanks
<input type="checkbox"/> Anchorage	<input type="checkbox"/> Juneau	<input type="checkbox"/> North Slope	<input type="checkbox"/> Valdez-Cordova
<input type="checkbox"/> Bethel	<input type="checkbox"/> Kenai Peninsula	<input type="checkbox"/> Northwest Arctic	<input type="checkbox"/> Wade Hampton
<input type="checkbox"/> Bristol Bay	<input type="checkbox"/> Ketchikan Gateway	<input type="checkbox"/> Prince of Wales-Outer	<input type="checkbox"/> Wrangell
<input type="checkbox"/> Denali	<input type="checkbox"/> Kodiak Island	<input type="checkbox"/> Ketchikan	<input type="checkbox"/> Yakutat
<input type="checkbox"/> Dillingham	<input type="checkbox"/> Lake And Peninsula	<input type="checkbox"/> Sitka	

PLEASE INDICATE ANY LIMITATIONS SPECIFIC TO THE GEOGRAPHICAL AREA IN WHICH YOU PROVIDE SERVICES:

\_\_\_\_\_