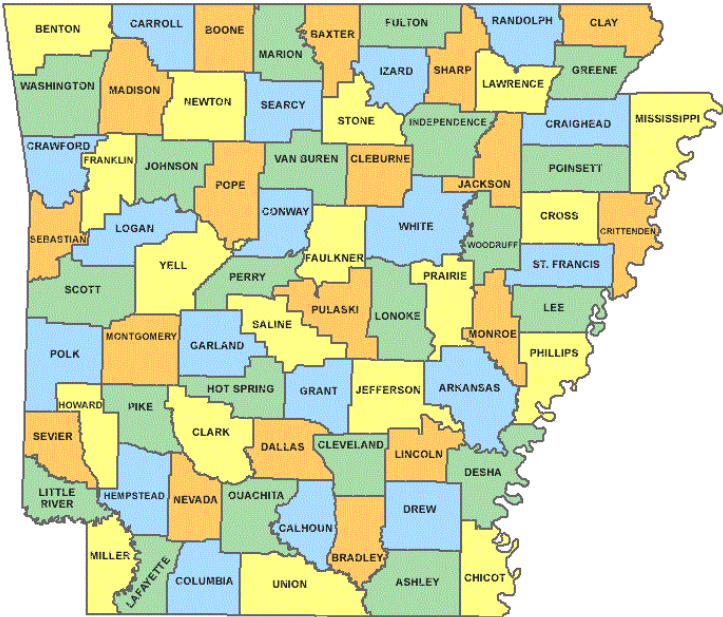


PROVIDER NAME: _____

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 ARKANSAS					
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Craighead	<input type="checkbox"/> Howard	<input type="checkbox"/> Miller	<input type="checkbox"/> Randolph	
<input type="checkbox"/> Ashley	<input type="checkbox"/> Crawford	<input type="checkbox"/> Independence	<input type="checkbox"/> Mississippi	<input type="checkbox"/> St. Francis	
<input type="checkbox"/> Baxter	<input type="checkbox"/> Crittenden	<input type="checkbox"/> IZard	<input type="checkbox"/> Monroe	<input type="checkbox"/> Saline	
<input type="checkbox"/> Benton	<input type="checkbox"/> Cross	<input type="checkbox"/> Jackson	<input type="checkbox"/> Montgomery	<input type="checkbox"/> Scott	
<input type="checkbox"/> Boone	<input type="checkbox"/> Dallas	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Nevada	<input type="checkbox"/> Searcy	
<input type="checkbox"/> Bradley	<input type="checkbox"/> Desha	<input type="checkbox"/> Johnson	<input type="checkbox"/> Newton	<input type="checkbox"/> Sebastian	
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Drew	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Ouachita	<input type="checkbox"/> Sevier	
<input type="checkbox"/> Carroll	<input type="checkbox"/> Faulkner	<input type="checkbox"/> Lawrence	<input type="checkbox"/> Perry	<input type="checkbox"/> Sharp	
<input type="checkbox"/> Chicot	<input type="checkbox"/> Franklin	<input type="checkbox"/> Lee	<input type="checkbox"/> Phillips	<input type="checkbox"/> Stone	
<input type="checkbox"/> Clark	<input type="checkbox"/> Fulton	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Pike	<input type="checkbox"/> Union	
<input type="checkbox"/> Clay	<input type="checkbox"/> Garland	<input type="checkbox"/> Little River	<input type="checkbox"/> Poinsett	<input type="checkbox"/> Van Buren	
<input type="checkbox"/> Cleburne	<input type="checkbox"/> Grant	<input type="checkbox"/> Logan	<input type="checkbox"/> Polk	<input type="checkbox"/> Washington	
<input type="checkbox"/> Cleveland	<input type="checkbox"/> Greene	<input type="checkbox"/> Lonoke	<input type="checkbox"/> Pope	<input type="checkbox"/> White	
<input type="checkbox"/> Columbia	<input type="checkbox"/> Hempstead	<input type="checkbox"/> Madison	<input type="checkbox"/> Prairie	<input type="checkbox"/> Woodruff	
<input type="checkbox"/> Conway	<input type="checkbox"/> Hot Spring	<input type="checkbox"/> Marion	<input type="checkbox"/> Pulaski	<input type="checkbox"/> Yell	

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

