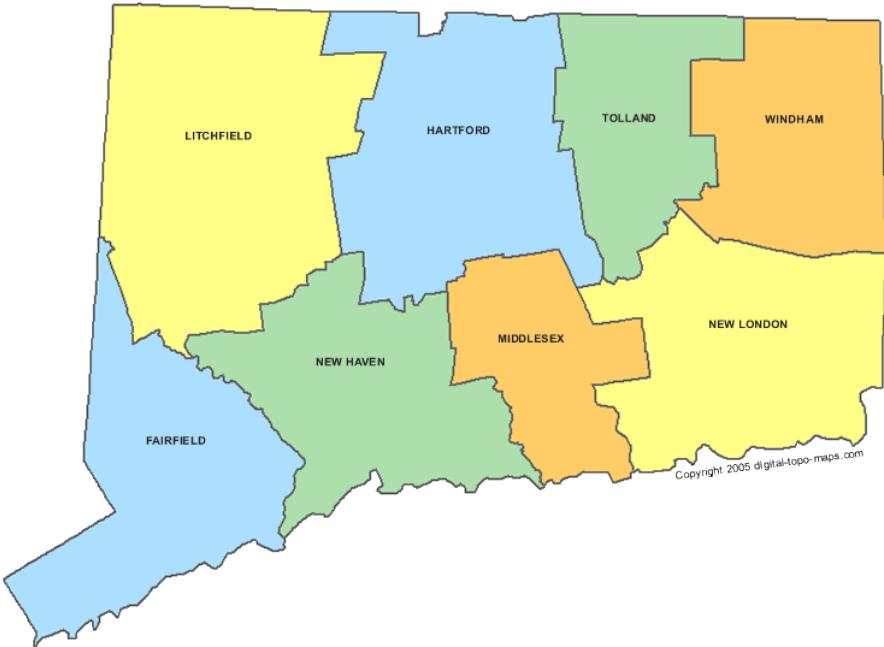


PROVIDER NAME: _____

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 CONNECTICUT			
<input type="checkbox"/> Fairfield	<input type="checkbox"/> Litchfield	<input type="checkbox"/> New Haven	<input type="checkbox"/> Tolland
<input type="checkbox"/> Hartford	<input type="checkbox"/> Middlesex	<input type="checkbox"/> New London	<input type="checkbox"/> Windham

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