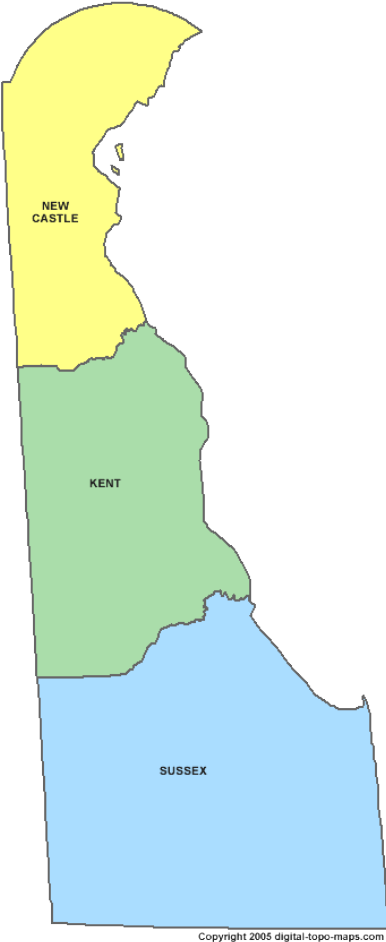


PROVIDER NAME: \_\_\_\_\_

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 DELAWARE		
<input type="checkbox"/> Kent	<input type="checkbox"/> New Castle	<input type="checkbox"/> Sussex

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