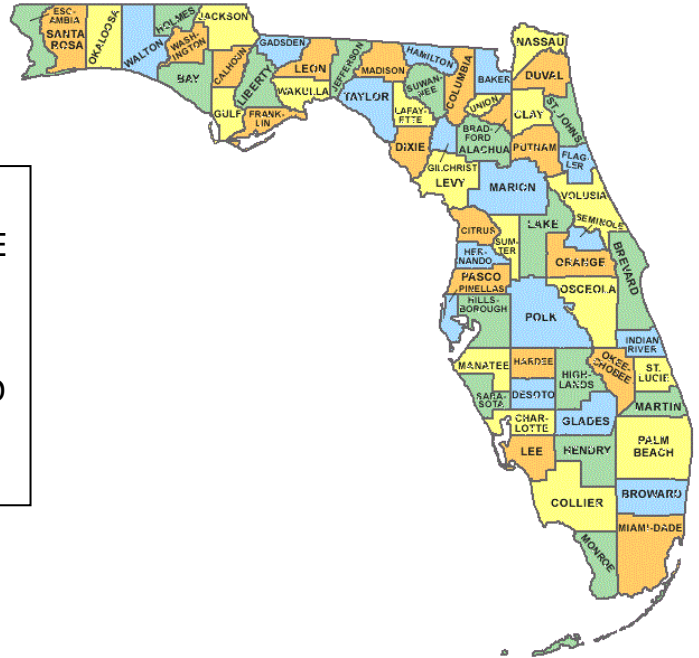


PROVIDER NAME: \_\_\_\_\_

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.

<b>GEOGRAPHICAL AREAS OF COVERAGE IN FLORIDA</b>			
<input type="checkbox"/> Alachua	<input type="checkbox"/> Franklin	<input type="checkbox"/> Lee	<input type="checkbox"/> Pinellas
<input type="checkbox"/> Baker	<input type="checkbox"/> Gadsden	<input type="checkbox"/> Leon	<input type="checkbox"/> Polk
<input type="checkbox"/> Bay	<input type="checkbox"/> Gilchrist	<input type="checkbox"/> Levy	<input type="checkbox"/> Putnam
<input type="checkbox"/> Bradford	<input type="checkbox"/> Glades	<input type="checkbox"/> Liberty	<input type="checkbox"/> Santa Rosa
<input type="checkbox"/> Brevard	<input type="checkbox"/> Gulf	<input type="checkbox"/> Madison	<input type="checkbox"/> Sarasota
<input type="checkbox"/> Broward	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Manatee	<input type="checkbox"/> Seminole
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Hardee	<input type="checkbox"/> Marion	<input type="checkbox"/> St. Johns
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Hendry	<input type="checkbox"/> Martin	<input type="checkbox"/> St. Lucie
<input type="checkbox"/> Citrus	<input type="checkbox"/> Hernando	<input type="checkbox"/> Miami-Dade	<input type="checkbox"/> Sumter
<input type="checkbox"/> Clay	<input type="checkbox"/> Highlands	<input type="checkbox"/> Monroe	<input type="checkbox"/> Suwannee
<input type="checkbox"/> Collier	<input type="checkbox"/> Hillsborough	<input type="checkbox"/> Nassau	<input type="checkbox"/> Taylor
<input type="checkbox"/> Columbia	<input type="checkbox"/> Holmes	<input type="checkbox"/> Okaloosa	<input type="checkbox"/> Union
<input type="checkbox"/> Desoto	<input type="checkbox"/> Indian River	<input type="checkbox"/> Okeechobee	<input type="checkbox"/> Volusia
<input type="checkbox"/> Dixie	<input type="checkbox"/> Jackson	<input type="checkbox"/> Orange	<input type="checkbox"/> Wakulla
<input type="checkbox"/> Duval	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Osceola	<input type="checkbox"/> Walton
<input type="checkbox"/> Escambia	<input type="checkbox"/> Lafayette	<input type="checkbox"/> Palm Beach	<input type="checkbox"/> Washington
<input type="checkbox"/> Flagler	<input type="checkbox"/> Lake	<input type="checkbox"/> Pasco	

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

\_\_\_\_\_

\_\_\_\_\_