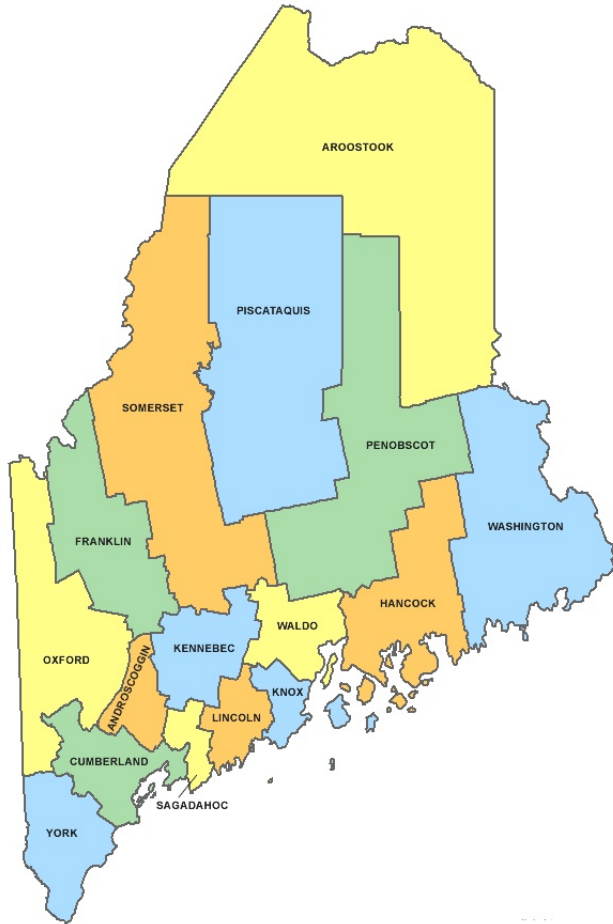


PROVIDER NAME: _____

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 MAINE | | | |
|---|----------|-------------|------------|
| Androscoggin | Hancock | Oxford | Somerset |
| Aroostook | Kennebec | Penobscot | Waldo |
| Cumberland | Knox | Piscataquis | Washington |
| Franklin | Lincoln | Sagadahoc | York |

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