

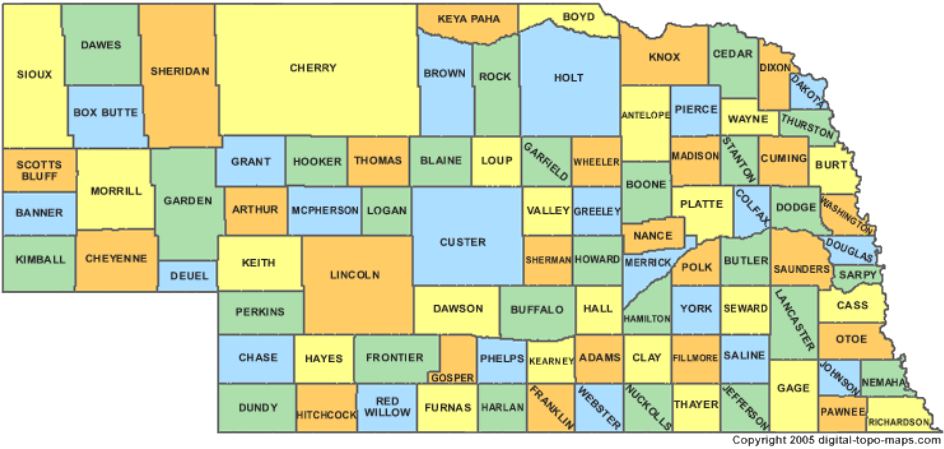
PROVIDER NAME: _____

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 NEBRASKA				
<input type="checkbox"/> Adams	<input type="checkbox"/> Cuming	<input type="checkbox"/> Greeley	<input type="checkbox"/> Loup	<input type="checkbox"/> Sarpy
<input type="checkbox"/> Antelope	<input type="checkbox"/> Custer	<input type="checkbox"/> Hall	<input type="checkbox"/> McPherson	<input type="checkbox"/> Saunders
<input type="checkbox"/> Arthur	<input type="checkbox"/> Dakota	<input type="checkbox"/> Hamilton	<input type="checkbox"/> Madison	<input type="checkbox"/> Scotts Bluff
<input type="checkbox"/> Banner	<input type="checkbox"/> Dawes	<input type="checkbox"/> Harlan	<input type="checkbox"/> Merrick	<input type="checkbox"/> Seward
<input type="checkbox"/> Blaine	<input type="checkbox"/> Dawson	<input type="checkbox"/> Hayes	<input type="checkbox"/> Morrill	<input type="checkbox"/> Sheridan
<input type="checkbox"/> Boone	<input type="checkbox"/> Deuel	<input type="checkbox"/> Hitchcock	<input type="checkbox"/> Nance	<input type="checkbox"/> Sherman
<input type="checkbox"/> Box Butte	<input type="checkbox"/> Dixon	<input type="checkbox"/> Holt	<input type="checkbox"/> Nemaha	<input type="checkbox"/> Sioux
<input type="checkbox"/> Boyd	<input type="checkbox"/> Dodge	<input type="checkbox"/> Hooker	<input type="checkbox"/> Nuckolls	<input type="checkbox"/> Stanton
<input type="checkbox"/> Brown	<input type="checkbox"/> Douglas	<input type="checkbox"/> Howard	<input type="checkbox"/> Otoe	<input type="checkbox"/> Thayer
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Dundy	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Pawnee	<input type="checkbox"/> Thomas
<input type="checkbox"/> Burt	<input type="checkbox"/> Fillmore	<input type="checkbox"/> Johnson	<input type="checkbox"/> Perkins	<input type="checkbox"/> Thurston
<input type="checkbox"/> Butler	<input type="checkbox"/> Franklin	<input type="checkbox"/> Kearney	<input type="checkbox"/> Phelps	<input type="checkbox"/> Valley
<input type="checkbox"/> Cass	<input type="checkbox"/> Frontier	<input type="checkbox"/> Keith	<input type="checkbox"/> Pierce	<input type="checkbox"/> Washington
<input type="checkbox"/> Cedar	<input type="checkbox"/> Furnas	<input type="checkbox"/> Keya Paha	<input type="checkbox"/> Platte	<input type="checkbox"/> Wayne
<input type="checkbox"/> Chase	<input type="checkbox"/> Gage	<input type="checkbox"/> Kimball	<input type="checkbox"/> Polk	<input type="checkbox"/> Webster
<input type="checkbox"/> Cherry	<input type="checkbox"/> Garden	<input type="checkbox"/> Knox	<input type="checkbox"/> Red Willow	<input type="checkbox"/> Wheeler
<input type="checkbox"/> Cheyenne	<input type="checkbox"/> Garfield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Richardson	<input type="checkbox"/> York
<input type="checkbox"/> Clay	<input type="checkbox"/> Gosper	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Rock	<input type="checkbox"/> Sarpy
<input type="checkbox"/> Colfax	<input type="checkbox"/> Grant	<input type="checkbox"/> Logan	<input type="checkbox"/> Saline	<input type="checkbox"/> Saunders

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