

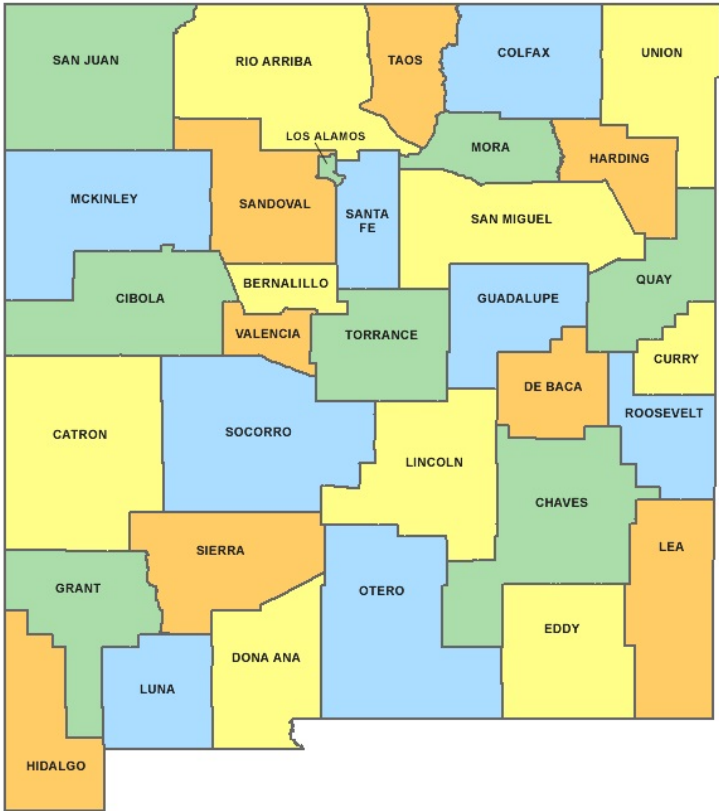
PROVIDER NAME: _____

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 NEW MEXICO				
Bernalillo	Doña Ana	Lincoln	Rio Arriba	Socorro
Catron	Eddy	Los Alamos	Roosevelt	Taos
Chaves	Grant	Luna	San Juan	Torrance
Cibola	Guadalupe	McKinley	San Miguel	Union
Colfax	Harding	Mora	Sandoval	Valencia
Curry	Hidalgo	Otero	Santa Fe	
De Baca	Lea	Quay	Sierra	

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