

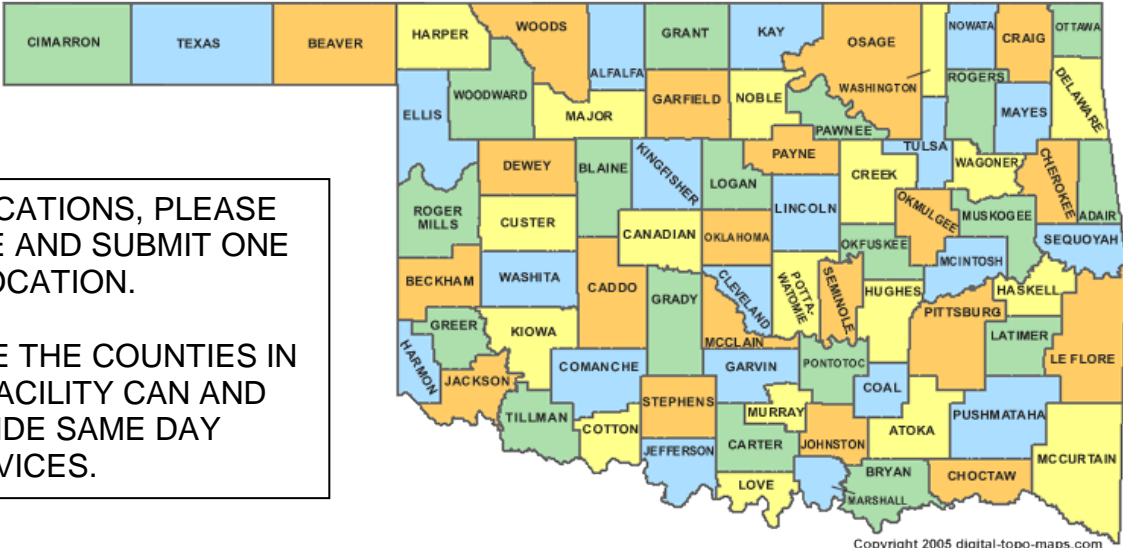
PROVIDER NAME: _____

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.



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GEOGRAPHICAL AREAS OF COVERAGE IN OKLAHOMA				
<input type="checkbox"/> Adair	<input type="checkbox"/> Cotton	<input type="checkbox"/> Jackson	<input type="checkbox"/> Mayes	<input type="checkbox"/> Roger Mills
<input type="checkbox"/> Alfalfa	<input type="checkbox"/> Craig	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Murray	<input type="checkbox"/> Rogers
<input type="checkbox"/> Atoka	<input type="checkbox"/> Creek	<input type="checkbox"/> Johnston	<input type="checkbox"/> Muskogee	<input type="checkbox"/> Seminole
<input type="checkbox"/> Beaver	<input type="checkbox"/> Custer	<input type="checkbox"/> Kay	<input type="checkbox"/> Noble	<input type="checkbox"/> Sequoyah
<input type="checkbox"/> Beckham	<input type="checkbox"/> Delaware	<input type="checkbox"/> Kingfisher	<input type="checkbox"/> Nowata	<input type="checkbox"/> Stephens
<input type="checkbox"/> Blaine	<input type="checkbox"/> Dewey	<input type="checkbox"/> Kiowa	<input type="checkbox"/> Okfuskee	<input type="checkbox"/> Texas
<input type="checkbox"/> Bryan	<input type="checkbox"/> Ellis	<input type="checkbox"/> Latimer	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Tillman
<input type="checkbox"/> Caddo	<input type="checkbox"/> Garfield	<input type="checkbox"/> LeFlore	<input type="checkbox"/> Okmulgee	<input type="checkbox"/> Tulsa
<input type="checkbox"/> Canadian	<input type="checkbox"/> Garvin	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Osage	<input type="checkbox"/> Wagoner
<input type="checkbox"/> Carter	<input type="checkbox"/> Grady	<input type="checkbox"/> Logan	<input type="checkbox"/> Ottawa	<input type="checkbox"/> Washington
<input type="checkbox"/> Cherokee	<input type="checkbox"/> Grant	<input type="checkbox"/> Love	<input type="checkbox"/> Pawnee	<input type="checkbox"/> Washita
<input type="checkbox"/> Choctaw	<input type="checkbox"/> Greer	<input type="checkbox"/> McClain	<input type="checkbox"/> Payne	<input type="checkbox"/> Woods
<input type="checkbox"/> Cimarron	<input type="checkbox"/> Harmon	<input type="checkbox"/> McCurtain	<input type="checkbox"/> Pittsburg	<input type="checkbox"/> Woodward
<input type="checkbox"/> Cleveland	<input type="checkbox"/> Harper	<input type="checkbox"/> McIntosh	<input type="checkbox"/> Pontotoc	
<input type="checkbox"/> Coal	<input type="checkbox"/> Haskell	<input type="checkbox"/> Major	<input type="checkbox"/> Pottawatomie	
<input type="checkbox"/> Comanche	<input type="checkbox"/> Hughes	<input type="checkbox"/> Marshall	<input type="checkbox"/> Pushmataha	

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