

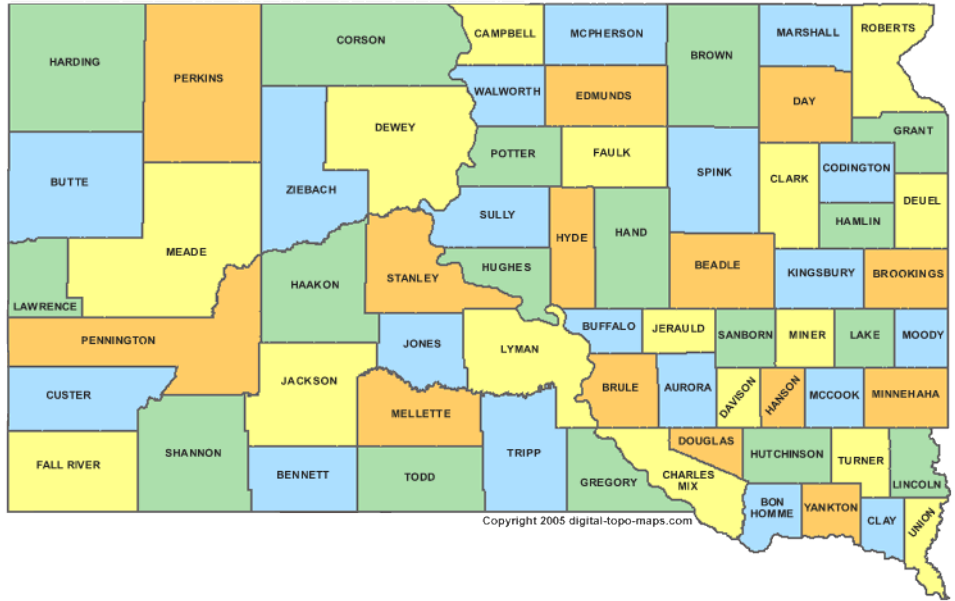
PROVIDER NAME: _____

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 SOUTH DAKOTA				
<input type="checkbox"/> Aurora	<input type="checkbox"/> Corson	<input type="checkbox"/> Hand	<input type="checkbox"/> McCook	<input type="checkbox"/> Spink
<input type="checkbox"/> Beadle	<input type="checkbox"/> Custer	<input type="checkbox"/> Hanson	<input type="checkbox"/> McPherson	<input type="checkbox"/> Stanley
<input type="checkbox"/> Bennett	<input type="checkbox"/> Davison	<input type="checkbox"/> Harding	<input type="checkbox"/> Marshall	<input type="checkbox"/> Sully
<input type="checkbox"/> Bon Homme	<input type="checkbox"/> Day	<input type="checkbox"/> Hughes	<input type="checkbox"/> Meade	<input type="checkbox"/> Todd
<input type="checkbox"/> Brookings	<input type="checkbox"/> Deuel	<input type="checkbox"/> Hutchinson	<input type="checkbox"/> Mellette	<input type="checkbox"/> Tripp
<input type="checkbox"/> Brown	<input type="checkbox"/> Dewey	<input type="checkbox"/> Hyde	<input type="checkbox"/> Miner	<input type="checkbox"/> Turner
<input type="checkbox"/> Brule	<input type="checkbox"/> Douglas	<input type="checkbox"/> Jackson	<input type="checkbox"/> Minnehaha	<input type="checkbox"/> Union
<input type="checkbox"/> Buffalo	<input type="checkbox"/> Edmunds	<input type="checkbox"/> Jerauld	<input type="checkbox"/> Moody	<input type="checkbox"/> Walworth
<input type="checkbox"/> Butte	<input type="checkbox"/> Fall River	<input type="checkbox"/> Jones	<input type="checkbox"/> Pennington	<input type="checkbox"/> Yankton
<input type="checkbox"/> Campbell	<input type="checkbox"/> Faulk	<input type="checkbox"/> Kingsbury	<input type="checkbox"/> Perkins	<input type="checkbox"/> Ziebach
<input type="checkbox"/> Charles Mix	<input type="checkbox"/> Grant	<input type="checkbox"/> Lake	<input type="checkbox"/> Potter	
<input type="checkbox"/> Clark	<input type="checkbox"/> Gregory	<input type="checkbox"/> Lawrence	<input type="checkbox"/> Roberts	
<input type="checkbox"/> Clay	<input type="checkbox"/> Haakon	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Sanborn	
<input type="checkbox"/> Codington	<input type="checkbox"/> Hamlin	<input type="checkbox"/> Lyman	<input type="checkbox"/> Shannon	

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