

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 VERMONT				
<input type="checkbox"/> Addison	<input type="checkbox"/> Chittenden	<input type="checkbox"/> Grand Isle	<input type="checkbox"/> Orleans	<input type="checkbox"/> Windham
<input type="checkbox"/> Bennington	<input type="checkbox"/> Essex	<input type="checkbox"/> Lamoille	<input type="checkbox"/> Rutland	<input type="checkbox"/> Windsor
<input type="checkbox"/> Caledonia	<input type="checkbox"/> Franklin	<input type="checkbox"/> Orange	<input type="checkbox"/> Washington	

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