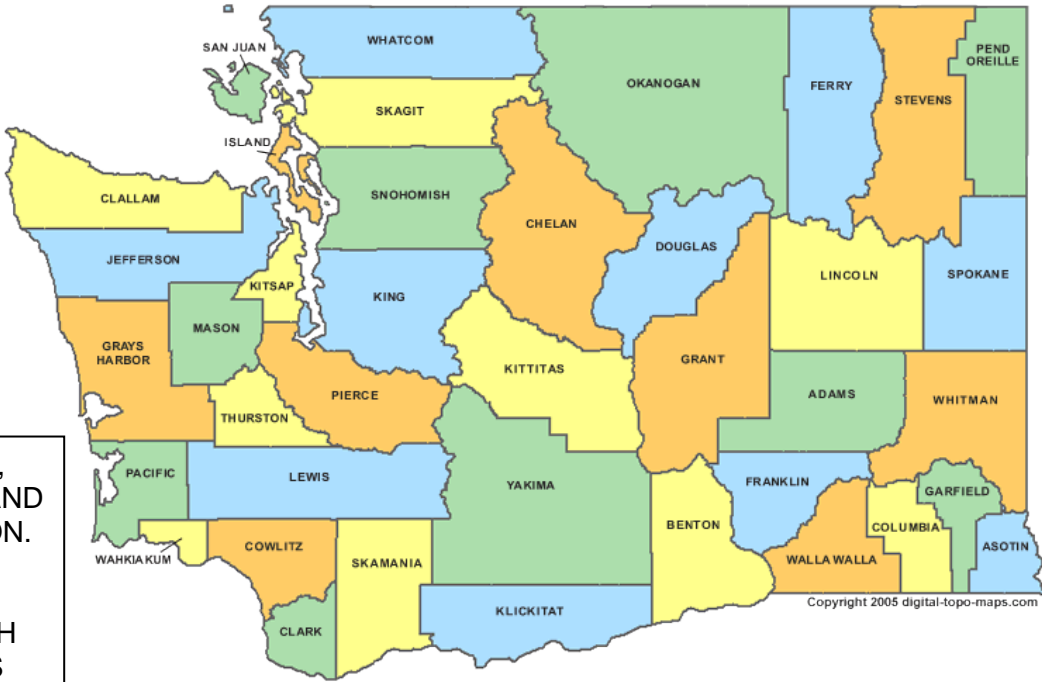


PROVIDER NAME: _____

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 WASHINGTON				
<input type="checkbox"/> Adams	<input type="checkbox"/> Douglas	<input type="checkbox"/> King	<input type="checkbox"/> Pacific	<input type="checkbox"/> Stevens
<input type="checkbox"/> Asotin	<input type="checkbox"/> Ferry	<input type="checkbox"/> Kitsap	<input type="checkbox"/> Pend Oreille	<input type="checkbox"/> Thurston
<input type="checkbox"/> Benton	<input type="checkbox"/> Franklin	<input type="checkbox"/> Kittitas	<input type="checkbox"/> Pierce	<input type="checkbox"/> Wahkiakum
<input type="checkbox"/> Chelan	<input type="checkbox"/> Garfield	<input type="checkbox"/> Klickitat	<input type="checkbox"/> San Juan	<input type="checkbox"/> Walla Walla
<input type="checkbox"/> Clallam	<input type="checkbox"/> Grant	<input type="checkbox"/> Lewis	<input type="checkbox"/> Skagit	<input type="checkbox"/> Whatcom
<input type="checkbox"/> Clark	<input type="checkbox"/> Grays Harbor	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Skamania	<input type="checkbox"/> Whitman
<input type="checkbox"/> Columbia	<input type="checkbox"/> Island	<input type="checkbox"/> Mason	<input type="checkbox"/> Snohomish	<input type="checkbox"/> Yakima
<input type="checkbox"/> Cowlitz	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Okanogan	<input type="checkbox"/> Spokane	

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