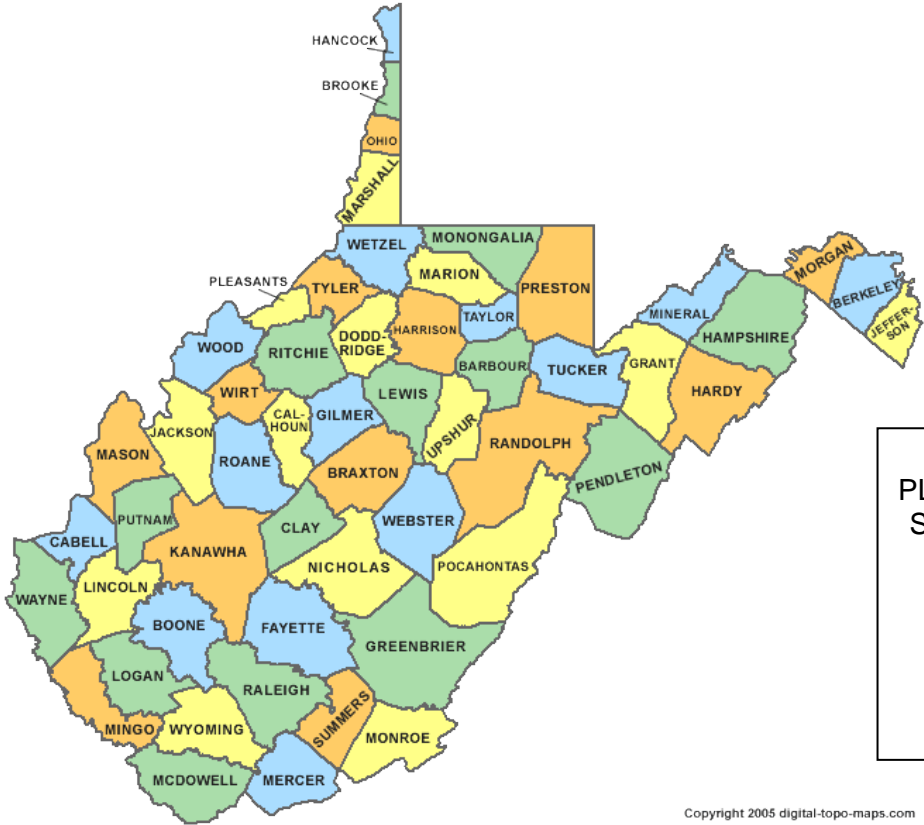


PROVIDER NAME: _____

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 WEST VIRGINIA				
<input type="checkbox"/> Barbour	<input type="checkbox"/> Grant	<input type="checkbox"/> Logan	<input type="checkbox"/> Nicholas	<input type="checkbox"/> Summers
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Greenbrier	<input type="checkbox"/> McDowell	<input type="checkbox"/> Ohio	<input type="checkbox"/> Taylor
<input type="checkbox"/> Boone	<input type="checkbox"/> Hampshire	<input type="checkbox"/> Marion	<input type="checkbox"/> Pendleton	<input type="checkbox"/> Tucker
<input type="checkbox"/> Braxton	<input type="checkbox"/> Hancock	<input type="checkbox"/> Marshall	<input type="checkbox"/> Pleasants	<input type="checkbox"/> Tyler
<input type="checkbox"/> Brooke	<input type="checkbox"/> Hardy	<input type="checkbox"/> Mason	<input type="checkbox"/> Pocahontas	<input type="checkbox"/> Upshur
<input type="checkbox"/> Cabell	<input type="checkbox"/> Harrison	<input type="checkbox"/> Mercer	<input type="checkbox"/> Preston	<input type="checkbox"/> Wayne
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Jackson	<input type="checkbox"/> Mineral	<input type="checkbox"/> Putnam	<input type="checkbox"/> Webster
<input type="checkbox"/> Clay	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Mingo	<input type="checkbox"/> Raleigh	<input type="checkbox"/> Wetzel
<input type="checkbox"/> Doddridge	<input type="checkbox"/> Kanawha	<input type="checkbox"/> Monongalia	<input type="checkbox"/> Randolph	<input type="checkbox"/> Wirt
<input type="checkbox"/> Fayette	<input type="checkbox"/> Lewis	<input type="checkbox"/> Monroe	<input type="checkbox"/> Ritchie	<input type="checkbox"/> Wood
<input type="checkbox"/> Gilmer	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Morgan	<input type="checkbox"/> Roane	<input type="checkbox"/> Wyoming

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