

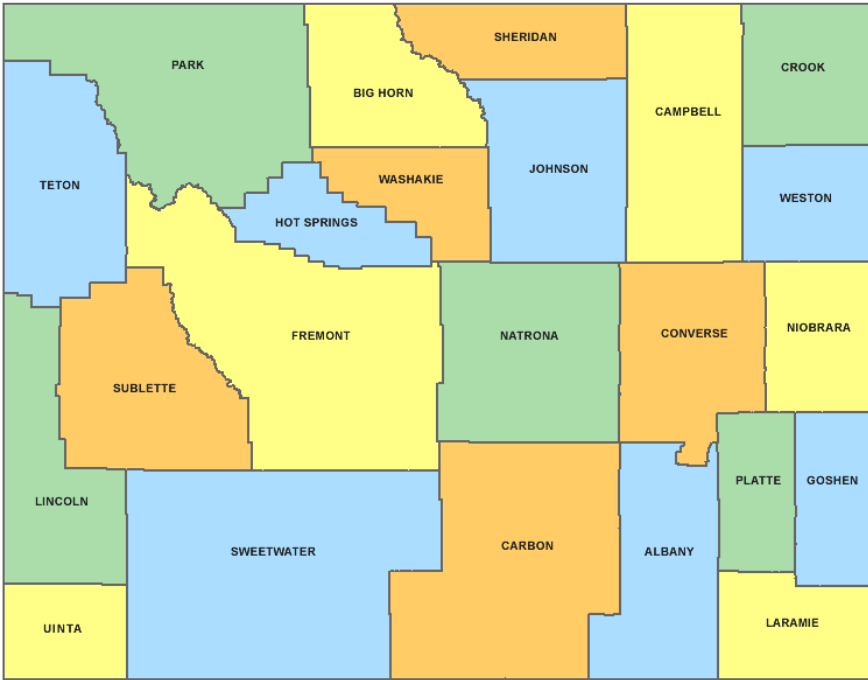
PROVIDER NAME: _____

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 WYOMING				
<input type="checkbox"/> Albany	<input type="checkbox"/> Crook	<input type="checkbox"/> Laramie	<input type="checkbox"/> Platte	<input type="checkbox"/> Uinta
<input type="checkbox"/> Big Horn	<input type="checkbox"/> Fremont	<input type="checkbox"/> Lincoln	<input type="checkbox"/> Sheridan	<input type="checkbox"/> Washakie
<input type="checkbox"/> Campbell	<input type="checkbox"/> Goshen	<input type="checkbox"/> Natrona	<input type="checkbox"/> Sublette	<input type="checkbox"/> Weston
<input type="checkbox"/> Carbon	<input type="checkbox"/> Hot Springs	<input type="checkbox"/> Niobrara	<input type="checkbox"/> Sweetwater	
<input type="checkbox"/> Converse	<input type="checkbox"/> Johnson	<input type="checkbox"/> Park	<input type="checkbox"/> Teton	

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