

CAQH Data Summary Date 9/24/2025

NELSON, CAROLYN D Clinical Social Worker

CAQH Provider ID : 16319199

Last Reattestation Date: 9/22/2025 1:22:55 PM

PREPARE			
NUCC Grouping:		Behavioral Health & Social Service Providers	
Provider Type:	Clinical Social Worker	Practice Setting:	Inpatient/Outpatient or Outpatient Only
Primary Practice State:	MI		
Other Practice State(s):			

PERSONAL INFORMATION			
Name			
First Name :	CAROLYN	Middle Name :	D
Last Name :	NELSON	Suffix :	
Have you used other names? No			
Home Address			
Street 1 :	5419 WILLIAMS ST	Street 2 :	
City :	Wayne	State :	MI
Country :	United States	Province :	
County :	Wayne County	Zip Code :	48184
Mailing Address			
Is Mailing address and Home Address Same?		No	
Street 1 :		Street 2 :	
City :		State :	
Country :		Province :	
County :		Zip Code :	
Primary Method of Contact			
Primary E-mail Address :		carolynnelson315@gmail.com	
PMOC CC Email1 :		Personal E-Mail Address :	
		PMOC CC Email2 :	
Phone Numbers			
Home Phone :		Personal Cell Phone :	
Personal Fax :			
Personal Identification Numbers			
Social Security Number :		368-82-7458	
Foreign National Identification Number :		FNIN Country of Issue :	
Do you have a Unique Physicians Identification Number (UPIN)?		No	
Do you have an Individual (Type 1) National Provider Identifier (NPI)?		Yes	
		Individual NPI :	1932975927
Demographics			
Gender Identity:		Female	
Race/Ethnicity :		Black or African American: African American	
Birth Date :	3/3/1963	Birth City :	Detroit
Birth State :	MI	Birth Country :	United States
Languages			
Non-English languages spoken by provider :			

PROFESSIONAL IDENTIFICATION NUMBERS			
Professional License			
License State :	MI	Do you currently practice in this state?	Yes
License Number :	6851102099	License Type :	CSW
License Status :	Active		
Issue Date :	01/10/2024	Expiration Date :	01/10/2026
DEA Registration			
Do you have a DEA Registration Certificate?		No	
Controlled Dangerous Substance (CDS) Registration			
Do you have a CDS Registration Certificate?		No	
Medicare			
Are you a participating Medicare provider?		No	

Medicaid	
Are you a participating Medicaid provider?	No
ECFMG	
Do you have a Educational Commission for Foreign Medical Graduates (ECFMG) Number?	No
USMLE	
USMLE No. :	Exam Date :
Workers Compensation Number	
Workers Compensation Number :	

EDUCATION

Graduate Type :	US/Canada Graduate		
Professional School Information			
Country :	United States	State :	MI
County :	Wayne County		
Professional School :	Wayne State University	Street 1 :	6050 Cass Ave
Street 2 :		City :	Detroit
Province :			
Zip Code :	48202		
Phone Number :		Fax Number :	
Degree :	Master of Social Work (MSW)		
Professional School Start Date :	05/2015	Professional School End Date :	05/2017
Area of Training / Course of Study / Major :	Social Work		
Did you complete your professional education at this school?	Yes	Graduation Date :	08/13/2017

TRAINING INFORMATION

Internship :			
Did you do any internships?	Yes		
If your Residency information was migrated to the CAQH Provider Data profile but appears on the Internship section, use the "Type" field to move data from the Internship to the Residency section.			
Type :	Internship		
Country :	United States	State :	MI
County :	Wayne County		
Institution/Hospital Name :	Ebenezer, Community and Cultural Center	Affiliated University :	Wayne State University
Street1 :	5151 W. Chicago	Street2 :	
City :	Detroit, MI	Province :	
Zip Code :	48204	Phone :	313-635-3355
Phone Extension :		Fax Number :	
Email Address :		Start Date :	08/2015
End Date :	04/2017	Type of Program :	Straight
Department :	Social Work		
Specialty :	Case Manager/Care Coordinator	Name of Director :	Edna Walker
Did you complete the training program at this institution?	Yes	Completion Date :	5/01/2017
Cultural Competency Training :			
Have you completed cultural competency training?	Yes		
Please select which program(s) you have completed:			

SPECIALTY INFORMATION

Primary Specialty			
Primary Specialty :	Social Worker (104100000X)		
Board Certified?	Yes		
Name of Certifying Board :	National Association of Social Workers		
Country :	United States	State :	MI
County :	Wayne County		
Street 1 :	P.O. BOX 30670	Street 2 :	
City :	LANSING,	Province :	MI
Zip Code :	48909		
Certification Number :			
Initial Certification Date :	5/15/2017	Does your board certification have an expiration date?	Yes
Expiration Date :	1/10/2026	Last Recertification Date :	1/10/2024

Do you wish to be listed in the directory under this primary specialty? By HMO **Yes**
Do you wish to be listed in the directory under this primary specialty? By PPO **Yes**
Do you wish to be listed in the directory under this primary specialty? By POS **Yes**

Secondary Specialty

Do you have a Secondary Specialty? **Yes**
Sub/Secondary Specialty : **Counselor, Mental Health (101YM0800X)**
Board Certified? **No**
Do you wish to be listed in the directory under this sub/secondary specialty? By HMO **Yes**
Do you wish to be listed in the directory under this sub/secondary specialty? By PPO **Yes**
Do you wish to be listed in the directory under this sub/secondary specialty? By POS **Yes**
Not Certified Status : **I do not intend to take a certifying board exam**
Please explain why not taking boards: **Presently, I am only using my Master of Social Work. My secondary specialty is a bachelor's in social work.**

Additional Specialty

Do you have any Additional Specialties? **No**

Special Experience, Skills, and Training

Please select one or more special experience, skills, and training that apply from the list below:

Special Patient Populations

Homeless

Issues Treated

Anger Management, Anxiety, Attention Deficit/Hyperactive Disorder (ADHD), Bipolar Disorder, Depression, Obsessive-Compulsive (OCD), Sleep or Insomnia, Substance Use

CERTIFICATION INFORMATION

Do you have Certifications? : **Yes**
QASP - Qualified Autism Service Provider :
CPR - Cardio-Pulmonary Resuscitation : **Yes**
CPR - State : **MI** CPR - Type : **CPR**
CPR - Certificate No : CPR - Date of Certification : **10/5/2022**
CPR Expiration Date : **10/5/2024**
Basic Life Support (BLS) : **No**
Advanced Cardiac Life Support (ACLS) : **No**
Advanced Life Support in OB(ALSO) : **No**
Health Care Provider (CoreC) : **No**
Advanced Trauma Life Support (ATLS) : **No**
Neonatal Advanced Life Support (NALS) : **No**
Neonatal Resuscitation Program (NRP) : **No**
Pediatric Advanced Life Support (PALS) : **No**
Other : **No**
Anesthesia Permit : **No**
Therapeutics Classification Number (Optometrists only) :
Other Interests :

PRACTICE LOCATIONS

Active Locations

General Information :

Confirmed Date : **9/22/2025**
Office Type : **Primary Practice** Providers's Start Date : **10/21/2024**

Do you practice at this location?:		Yes, I practice at this location	
Please Explain:		I see patients by appointment at least one day per week on a regular basis	
Provider Directory Classification :			
Specialty :	Counselor, Mental Health	Subspecialty :	
Will you continue to practice at this location	Yes		
Type of Service provided :			
Provide a narrative description of your clinical practice including special interests :			
Practice Name :		Pure psychiatry of Michigan	
Street 1 :		34841 Veterans Plz	
Street 2 :			
City :	Wayne	Country :	United States
County :	Wayne County	State :	MI
Zip Code :	48184-1733	Province :	
Can general correspondence be sent to this location?		Email Address :	
Appointment Scheduling Website		Practice Location Website	
Mailing Address :			
Street1 :		Street2 :	
City :		State :	
County :		Province :	
Country :		Zip Code :	
Type of Practice :	Group/Single/Clinic		
Do you have an organization (Type 2) NPI? :	Yes	Organization (Type 2) NPI :	1831701671
Group Medicaid Number :		Group Medicare Number :	
Phone Numbers :			
Appointment Phone Number :	734-728-3446	Phone Extention :	
Fax Number :	734-589-6994		
Back Office Phone Number :			
Phone Coverage :			
Does this location provide 24hour/7day a week phone coverage?:			
Phone Coverage Type :			
Tax Information :			
Practice Name as it appears on the W-9 :	Pure psychiatry of Michigan		
Tax ID :	852229929	Type of Tax ID :	Group
Is this the primary Tax ID for this practice location?	Yes		
Group Name :			
Network Denial :			
Have you closed your practice to any plans or programs ?		No	
Office Hours :			
Monday			
Start Time :	9:00 AM	End Time :	5:00 PM
Tuesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Wednesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Thursday			
Start Time :	9:00 AM	End Time :	5:00 PM
Friday			
Start Time :	9:00 AM	End Time :	5:00 PM
Saturday			
Start Time :	None	End Time :	None
Sunday			
Start Time :	None	End Time :	None
Patients :			
Do you accept new patients at this practice location?	Yes		
Do you accept existing patients with change of payor at this location?	Yes		

Do you accept all new patients at this location? **No**

Do you accept new Medicare patients at this location? **Yes**

Do you accept new Medicaid patients at this location? **Yes**

Do you accept new CHIP patients at this location? **Yes**

Do you accept new patients from physician referrals (i.e., referring letter) at this location? **Yes**

Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.

What questions should we ask a patient, to help determine the appropriateness of the referral?

Does this information vary by health plan ? **No**

Colleagues :

Do you have any Partners/Associate at this location ?

Covering Colleagues :

Mid-Level Practitioners :

Do you have any mid-level practitioners at this location?

Office Manager or Business Staff Contact :

First Name : **Bridgette**

Last Name :

Bridgette

Middle Name :

Suffix :

Phone Number : **734-728-3446**

Fax Number :

734-589-6994

E-mail Address : Brandyb@purepsychmi.com

Is Office Manager Credentialing Contact : **Yes**

Billing Contact :

Office Manager & Billing Contact are same ?

Payment and Remittance :

Billing department name :

Check Payable to :

Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

Practice Limitations and Patient Populations :

Are there any Practice Limitations ? **No**

Gender Limitations :

Are there any Age Limitations? :

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ?

Yes

Does this office provide handicapped accessibility ?

Yes

Please specify how this location meets handicapped accessibility requirements:

Exterior Building Yes

Interior Building Yes

Wheelchair access to exam room Yes

Exam table/scale/chair No

Gurneys & Stretchers No

Portable Lifts No

Radiologic Equipment No

Signage & documents No

Parking Yes

Restroom Yes

Other Handicapped Access :

Does this office have other services for the disabled ?

Yes

Please specify other services for the disabled:

Text Telephony (TTL) : Yes

American Sign Language : No

Mental/Physical Impairment Services : Yes

Other Disability Services :			
Is this office accessible by public transportation ?		Yes	
Please specify how this office is accessible by public transportation:			
Bus Transportation:		Yes	
Subway :		No	
Regional Train :		No	
Other Transportation :		uber, lift, cab	
Does this Location Provide Child Care Services?		No	
Does this office meet all state and local fire, safety and sanitation requirements?		Yes	
Do you have TDD(hearing impaired device) available :		Yes	
Do you accept Workers' Compensation Patients?		No	
Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy?		No	
Modified or alternative duty is actively evaluated for each Workers' Compensation claimant?		No	
Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible		No	
Staff are available and willing to provide compensation representatives information regarding a claimant's care.		No	
Telehealth :			
I provide telehealth services at this location:		Yes	
Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?		Yes	
Telehealth Service Type:			
Audio :	No	Audio/Video :	Yes
Online Adaptive Interviews :	No	Secure Text Messaging :	No
Remote Monitoring :	No	Store-and-Forward :	No
Are you willing and able to support family caregivers?		Yes	
Services :			
Does this location provide any of the following services:			
Laboratory Services? :	No	Accrediting/Certifying Program :	
Radiology Services :	No	X-ray?	No
X-Ray Certification Type :		EKG Services?	No
Care of Minor Lacerations?	No	Pulmonary Function testing?	No
Allergy Injections :	No	Allergy Skin Testing :	No
Office Gynecology?	No		
Drawing Blood?	No		
Asthma Treatment?	No	Age Appropriate Immunizations?	No
Flexible Sigmoidoscopy?	No	Tympanometry/Audiometry Screening?	No
		IV Hydration treatment?	No
Osteopathic Manipulation?	No	Physical Therapy?	No
Cardiac Stress Test?	No		
Treadmill?			
Is anesthesia administered in your office ?	No	What class/category of anesthesia is used ?	
Anesthesia Administered by First Name :		Anesthesia Administered by Last Name :	
Other Services :			
Special Skills By The Practitioner :		Special Skills By The Staff :	
Non-English language spoken by office personnel :			
Employee Type :			
Do you have any interpreters at this location?	No		
General Information :			
Confirmed Date :	9/22/2025		
Office Type :	Other Practice	Providers's Start Date :	10/21/2024
Do you practice at this location?:	Yes, I practice at this location		
Please Explain:	I see patients by appointment at least one day per week on a regular basis		
Provider Directory Classification :			
Specialty :	Counselor, Mental Health	Subspecialty :	
Will you continue to practice at this location	Yes		

Type of Service provided :
Provide a narrative description of your clinical practice including special interests :

Practice Name :
Street 1 :
Street 2 :
City :
County :
Zip Code :

Pure psychiatry of Michigan
9333 N Haggerty Rd

Plymouth
Wayne County
48170-4622

Country :
State :
Province :
Email Address :
Practice Location Website

United States
MI

Can general correspondence be sent to this location?

Appointment Scheduling Website

Mailing Address :

Street1 :
City :
County :
Country :

Street2 :
State :
Province :
Zip Code :

Type of Practice : Group/Single/Clinic

Do you have an organization (Type 2) NPI? : Yes Organization (Type 2) NPI : 1831701671

Group Medicaid Number : Group Medicare Number :

Phone Numbers :

Appointment Phone Number : 734-335-1336 Phone Extention :

Fax Number : 734-589-6994

Back Office Phone Number :

Phone Coverage :

Does this location provide 24hour/7day a week phone coverage?:

Phone Coverage Type :

Tax Information :

Practice Name as it appears on the W-9 :

Tax ID : 852229929 Type of Tax ID : Group

Is this the primary Tax ID for this practice location? Yes

Group Name :

Network Denial :

Have you closed your practice to any plans or programs ? No

Office Hours :

Monday			
Start Time :	9:00 AM	End Time :	5:00 PM
Tuesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Wednesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Thursday			
Start Time :	9:00 AM	End Time :	5:00 PM
Friday			
Start Time :	9:00 AM	End Time :	5:00 PM
Saturday			
Start Time :	None	End Time :	None
Sunday			
Start Time :	None	End Time :	None

Patients :

Do you accept new patients at this practice location? Yes

Do you accept existing patients with change of payor at this location? Yes

Do you accept all new patients at this location? No

Do you accept new Medicare patients at this location? Yes

Do you accept new Medicaid patients at this location? Yes

Do you accept new CHIP patients at this location? **Yes**

Do you accept new patients from physician referrals (i.e., referring letter) at this location? **Yes**

Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.

What questions should we ask a patient, to help determine the appropriateness of the referral?

Does this information vary by health plan ? **No**

Colleagues :

Do you have any Partners/Associate at this location ?

Covering Colleagues :

Mid-Level Practitioners :

Do you have any mid-level practitioners at this location? **No**

Office Manager or Business Staff Contact :

First Name : **Bridgette**

Last Name :

Bridgette

Middle Name :

Suffix :

Phone Number : **734-728-3446**

Fax Number :

734-589-6994

E-mail Address : Brandyb@purepsychmi.com

Is Office Manager Credentialing Contact : **Yes**

Billing Contact :

Office Manager & Billing Contact are same ?

Payment and Remittance :

Billing department name :

Check Payable to :

Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

Practice Limitations and Patient Populations :

Are there any Practice Limitations ? **No**

Gender Limitations :

Are there any Age Limitations? :

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ?

Yes

Does this office provide handicapped accessibility ?

Yes

Please specify how this location meets handicapped accessibility requirements:

Exterior Building Yes

Interior Building Yes

Wheelchair access to exam room Yes

Exam table/scale/chair No

Gurneys & Stretchers No

Portable Lifts No

Radiologic Equipment No

Signage & documents No

Parking Yes

Restroom Yes

Other Handicapped Access :

Does this office have other services for the disabled ?

Yes

Please specify other services for the disabled:

Text Telephony (TTL) : Yes

American Sign Language : No

Mental/Physical Impairment Services : Yes

Other Disability Services :

Is this office accessible by public transportation ? **Yes**

Please specify how this office is accessible by public transportation:

Bus Transportation: Yes

Subway : No

Regional Train : No

Other Transportation :		uber, lift, cab	
Does this Location Provide Child Care Services?		No	
Does this office meet all state and local fire, safety and sanitation requirements?		Yes	
Do you have TDD(hearing impaired device) available :		Yes	
Do you accept Workers' Compensation Patients?		No	
Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy?		No	
Modified or alternative duty is actively evaluated for each Workers' Compensation claimant?		No	
Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible		No	
Staff are available and willing to provide compensation representatives information regarding a claimant's care.		No	
Telehealth :			
I provide telehealth services at this location:		Yes	
Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?		Yes	
Telehealth Service Type:			
Audio :	No	Audio/Video :	Yes
Online Adaptive Interviews :	No	Secure Text Messaging :	No
Remote Monitoring :	No	Store-and-Forward :	No
Are you willing and able to support family caregivers?		Yes	
Services :			
Does this location provide any of the following services:			
Laboratory Services? :	No	Accrediting/Certifying Program :	
Radiology Services :	No	X-ray?	No
X-Ray Certification Type :		EKG Services?	No
Care of Minor Lacerations?	No	Pulmonary Function testing?	No
Allergy Injections :	No	Allergy Skin Testing :	No
Office Gynecology?	No		
Drawing Blood?	No		
Asthma Treatment?	No	Age Appropriate Immunizations?	No
Flexible Sigmoidoscopy?	No	Tympanometry/Audiometry Screening?	No
		IV Hydration treatment?	No
Osteopathic Manipulation?	No	Physical Therapy?	No
Cardiac Stress Test?	No		
Treadmill?			
Is anesthesia administered in your office ?	No	What class/category of anesthesia is used ?	
Anesthesia Administered by First Name :		Anesthesia Administered by Last Name :	
Other Services :			
Special Skills By The Practitioner :		Special Skills By The Staff :	
Non-English language spoken by office personnel :			
Employee Type :			
Do you have any interpreters at this location?	No		
General Information :			
Confirmed Date :	9/22/2025		
Office Type :	Other Practice	Providers's Start Date :	10/21/2024
Do you practice at this location?:	Yes, I practice at this location		
Please Explain:	I see patients by appointment at least one day per week on a regular basis		
Provider Directory Classification :			
Specialty :	Counselor, Mental Health	Subspecialty :	
Will you continue to practice at this location	Yes		
Type of Service provided :			
Provide a narrative description of your clinical practice including special interests :			
Practice Name :	Pure psychiatry of Michigan		
Street 1 :	28345 Beck Rd Ste 110		

Street 2 :		Country :		United States	
City :		State :		MI	
County :		Province :			
Zip Code :		Email Address :			
Can general correspondence be sent to this location?		Practice Location Website			
Appointment Scheduling Website					
Mailing Address :					
Street1 :		Street2 :			
City :		State :			
County :		Province :			
Country :		Zip Code :			
Type of Practice :		Group/Single/Clinic			
Do you have an organization (Type 2) NPI? :		Yes		Organization (Type 2) NPI : 1831701671	
Group Medicaid Number :		Group Medicare Number :			
Phone Numbers :		Phone Extention :			
Appointment Phone Number :		248-274-4560			
Fax Number :					
Back Office Phone Number :					
Phone Coverage :					
Does this location provide 24hour/7day a week phone coverage?:					
Phone Coverage Type :					
Tax Information :					
Practice Name as it appears on the W-9 :					
Tax ID :		852229929		Type of Tax ID : Group	
Is this the primary Tax ID for this practice location?		Yes			
Group Name :					
Network Denial :					
Have you closed your practice to any plans or programs ?		No			
Office Hours :					
Monday					
Start Time :		9:00 AM		End Time : 5:00 PM	
Tuesday					
Start Time :		9:00 AM		End Time : 5:00 PM	
Wednesday					
Start Time :		9:00 AM		End Time : 5:00 PM	
Thursday					
Start Time :		9:00 AM		End Time : 5:00 PM	
Friday					
Start Time :		9:00 AM		End Time : 5:00 PM	
Saturday					
Start Time :		None		End Time : None	
Sunday					
Start Time :		None		End Time : None	
Patients :					
Do you accept new patients at this practice location?		Yes			
Do you accept existing patients with change of payor at this location?		Yes			
Do you accept all new patients at this location?		No			
Do you accept new Medicare patients at this location?		Yes			
Do you accept new Medicaid patients at this location?		Yes			
Do you accept new CHIP patients at this location?		Yes			
Do you accept new patients from physician referrals (i.e., referring letter) at this location?		Yes			

Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.

What questions should we ask a patient, to help determine the appropriateness of the referral?

Does this information vary by health plan ? **No**

Colleagues :

Do you have any Partners/Associate at this location ?

Covering Colleagues :

Mid-Level Practitioners :

Do you have any mid-level practitioners at this location? **No**

Office Manager or Business Staff Contact :

First Name : **Bridgette**

Last Name :

Bridgette

Middle Name :

Suffix :

Phone Number : **734-728-3446**

Fax Number :

734-589-6994

E-mail Address : **Brandyb@purepsychmi.com**

Is Office Manager Credentialing Contact : **Yes**

Billing Contact :

Office Manager & Billing Contact are same ?

Payment and Remittance :

Billing department name :

Check Payable to :

Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

Practice Limitations and Patient Populations :

Are there any Practice Limitations ? **No**

Gender Limitations :

Are there any Age Limitations? :

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ?

Yes

Does this office provide handicapped accessibility ?

Yes

Please specify how this location meets handicapped accessibility requirements:

Exterior Building **Yes**

Interior Building **Yes**

Wheelchair access to exam room **Yes**

Exam table/scale/chair **No**

Gurneys & Stretchers **No**

Portable Lifts **No**

Radiologic Equipment **No**

Signage & documents **No**

Parking **Yes**

Restroom **Yes**

Other Handicapped Access :

Does this office have other services for the disabled ?

Yes

Please specify other services for the disabled:

Text Telephony (TTL) : **Yes**

American Sign Language : **No**

Mental/Physical Impairment Services : **Yes**

Other Disability Services :

Is this office accessible by public transportation ? **Yes**

Please specify how this office is accessible by public transportation:

Bus Transportation: **Yes**

Subway : **No**

Regional Train : **No**

Other Transportation : **uber, lift, cab**

Does this Location Provide Child Care Services? **No**

Does this office meet all state and local fire, safety and sanitation requirements? **Yes**

Do you have TDD(hearing impaired device) available : **Yes**

Do you accept Workers' Compensation Patients?	No
Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy?	No
Modified or alternative duty is actively evaluated for each Workers' Compensation claimant?	No
Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible	No
Staff are available and willing to provide compensation representatives information regarding a claimant's care.	No
Telehealth :	
I provide telehealth services at this location:	Yes
Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?	Yes
Telehealth Service Type:	
Audio :	No
Online Adaptive Interviews :	No
Remote Monitoring :	No
Are you willing and able to support family caregivers?	Yes
Services :	
Does this location provide any of the following services:	
Laboratory Services? :	No
Radiology Services :	No
X-Ray Certification Type :	
Care of Minor Lacerations?	No
Allergy Injections :	No
Office Gynecology?	No
Drawing Blood?	No
Asthma Treatment?	No
Flexible Sigmoidoscopy?	No
Osteopathic Manipulation?	No
Cardiac Stress Test?	No
Treadmill?	
Is anesthesia administered in your office ?	No
Anesthesia Administered by First Name :	
Other Services :	
Special Skills By The Practitioner : Non-English language spoken by office personnel : Employee Type :	
Do you have any interpreters at this location?	No
General Information :	
Confirmed Date :	9/22/2025
Office Type :	Other Practice
Do you practice at this location?:	Yes, I practice at this location
Please Explain:	I see patients by appointment at least one day per week on a regular basis
Provider Directory Classification :	
Specialty :	Counselor, Mental Health
Will you continue to practice at this location	Yes
Type of Service provided :	
Provide a narrative description of your clinical practice including special interests :	
Practice Name :	Pure psychiatry of Michigan
Street 1 :	3751 N Dixie Hwy
Street 2 :	
City :	Monroe
County :	Wayne County
Zip Code :	48162-4489
Country :	United States
State :	MI
Province :	
Email Address :	

Can general correspondence be sent to this location?

Appointment Scheduling Website

Mailing Address :

Street1 :

City :

County :

Country :

Type of Practice :

Group/Single/Clinic

Do you have an organization (Type 2) NP? :

Yes

Group Medicaid Number :

Phone Numbers :

Appointment Phone Number :

734-621-5277

Fax Number :

Back Office Phone Number :

Phone Coverage :

Does this location provide 24hour/7day a week phone coverage?:

Phone Coverage Type :

Tax Information :

Practice Name as it appears on the

W-9 :

Tax ID :

852229929

Is this the primary Tax ID for this practice location?

Yes

Group Name :

Network Denial :

Have you closed your practice to any plans or programs ?

No

Office Hours :

Monday

Start Time :

9:00 AM

End Time :

5:00 PM

Tuesday

Start Time :

9:00 AM

End Time :

5:00 PM

Wednesday

Start Time :

9:00 AM

End Time :

5:00 PM

Thursday

Start Time :

9:00 AM

End Time :

5:00 PM

Friday

Start Time :

9:00 AM

End Time :

5:00 PM

Saturday

Start Time :

None

End Time :

None

Sunday

Start Time :

None

End Time :

None

Patients :

Do you accept new patients at this practice location?

Yes

Do you accept existing patients with change of payor at this location?

Yes

Do you accept all new patients at this location?

No

Do you accept new Medicare patients at this location?

Yes

Do you accept new Medicaid patients at this location?

Yes

Do you accept new CHIP patients at this location?

Yes

Do you accept new patients from physician referrals (i.e., referring letter) at this location?

Yes

Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.

What questions should we ask a patient, to help determine the appropriateness of the referral?

Practice Location Website

Street2 :

State :

Province :

Zip Code :

Organization (Type 2) NPI :

1831701671

Group Medicare Number :

Phone Extention :

Type of Tax ID :

Group

Does this information vary by health plan ? **No**

Colleagues :

Do you have any Partners/Associate at this location ?

Covering Colleagues :

Mid-Level Practitioners :

Do you have any mid-level practitioners at this location? **No**

Office Manager or Business Staff Contact :

First Name : **Bridgette**

Last Name :

Bridgette

Middle Name :

Suffix :

Phone Number :

734-728-3446

Fax Number :

734-589-6994

E-mail Address :

Brandyb@purepsychmi.com

Is Office Manager Credentialing Contact :

Yes

Billing Contact :

Office Manager & Billing Contact are same ?

Payment and Remittance :

Billing department name :

Check Payable to :

Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

Practice Limitations and Patient Populations :

Are there any Practice Limitations ? **No**

Gender Limitations :

Are there any Age Limitations? :

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ?

Yes

Does this office provide handicapped accessibility ?

Yes

Please specify how this location meets handicapped accessibility requirements:

Exterior Building

Yes

Interior Building

Yes

Wheelchair access to exam room

Yes

Exam table/scale/chair

No

Gurneys & Stretchers

No

Portable Lifts

No

Radiologic Equipment

No

Signage & documents

No

Parking

Yes

Restroom

Yes

Other Handicapped Access :

Does this office have other services for the disabled ?

Yes

Please specify other services for the disabled:

Text Telephony (TTL) :

Yes

American Sign Language :

No

Mental/Physical Impairment Services :

Yes

Other Disability Services :

Is this office accessible by public transportation ?

Yes

Please specify how this office is accessible by public transportation:

Bus Transportation:

Yes

Subway :

No

Regional Train :

No

Other Transportation :

uber, lift, cab

Does this Location Provide Child Care Services?

No

Does this office meet all state and local fire, safety and sanitation requirements?

Yes

Do you have TDD(hearing impaired device) available :

Yes

Do you accept Workers' Compensation Patients?

No

Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy?

No

Modified or alternative duty is actively evaluated for each Workers' Compensation claimant?		No	
Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible		No	
Staff are available and willing to provide compensation representatives information regarding a claimant's care.		No	
Telehealth :			
I provide telehealth services at this location:		Yes	
Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?		Yes	
Telehealth Service Type:			
Audio :	No	Audio/Video :	Yes
Online Adaptive Interviews :	No	Secure Text Messaging :	No
Remote Monitoring :	No	Store-and-Forward :	No
Are you willing and able to support family caregivers?		Yes	
Services :			
Does this location provide any of the following services:			
Laboratory Services? :	No	Accrediting/Certifying Program :	
Radiology Services :	No	X-ray?	No
X-Ray Certification Type :		EKG Services?	No
Care of Minor Lacerations?	No	Pulmonary Function testing?	No
Allergy Injections :	No	Allergy Skin Testing :	No
Office Gynecology?	No		
Drawing Blood?	No		
Asthma Treatment?	No	Age Appropriate Immunizations?	No
Flexible Sigmoidoscopy?	No	Tympanometry/Audiometry Screening?	No
		IV Hydration treatment?	No
Osteopathic Manipulation?	No	Physical Therapy?	No
Cardiac Stress Test?	No		
Treadmill?			
Is anesthesia administered in your office ?	No	What class/category of anesthesia is used ?	
Anesthesia Administered by First Name :		Anesthesia Administered by Last Name :	
Other Services :			
Special Skills By The Practitioner :		Special Skills By The Staff :	
Non-English language spoken by office personnel :			
Employee Type :			
Do you have any interpreters at this location?	No		
General Information :			
Confirmed Date :	9/22/2025		
Office Type :	Other Practice	Providers's Start Date :	10/21/2024
Do you practice at this location?:	Yes, I practice at this location		
Please Explain:	I see patients by appointment at least one day per week on a regular basis		
Provider Directory Classification :			
Specialty :	Counselor, Mental Health	Subspecialty :	
Will you continue to practice at this location	Yes		
Type of Service provided :			
Provide a narrative description of your clinical practice including special interests :			
Practice Name :	Pure psychiatry of Michigan		
Street 1 :	5715 Bella Rosa Blvd Ste 200		
Street 2 :		Country :	United States
City :	Clarkston	State :	MI
County :	Wayne County	Province :	
Zip Code :	48348-4776	Email Address :	
Can general correspondence be sent to this location?		Practice Location Website	
Appointment Scheduling Website			
Mailing Address :			
Street1 :		Street2 :	

City :		State :	
County :		Province :	
Country :		Zip Code :	
Type of Practice :	Group/Single/Clinic		
Do you have an organization (Type 2) NPI? :	Yes	Organization (Type 2) NPI :	1831701671
Group Medicaid Number :		Group Medicare Number :	
Phone Numbers :			
Appointment Phone Number :	248-657-4639	Phone Extention :	
Fax Number :			
Back Office Phone Number :			
Phone Coverage :			
Does this location provide 24hour/7day a week phone coverage?:			
Phone Coverage Type :			
Tax Information :			
Practice Name as it appears on the W-9 :			
Tax ID :	852229929	Type of Tax ID :	Group
Is this the primary Tax ID for this practice location?	Yes		
Group Name :			
Network Denial :			
Have you closed your practice to any plans or programs ?		No	
Office Hours :			
Monday			
Start Time :	9:00 AM	End Time :	5:00 PM
Tuesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Wednesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Thursday			
Start Time :	9:00 AM	End Time :	5:00 PM
Friday			
Start Time :	9:00 AM	End Time :	5:00 PM
Saturday			
Start Time :	None	End Time :	None
Sunday			
Start Time :	None	End Time :	None
Patients :			
Do you accept new patients at this practice location?	Yes		
Do you accept existing patients with change of payor at this location?	Yes		
Do you accept all new patients at this location?	No		
Do you accept new Medicare patients at this location?	Yes		
Do you accept new Medicaid patients at this location?	Yes		
Do you accept new CHIP patients at this location?	Yes		
Do you accept new patients from physician referrals (i.e., referring letter) at this location?	Yes		
Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.			
What questions should we ask a patient, to help determine the appropriateness of the referral?			
Does this information vary by health plan ?	No		
Colleagues :			
Do you have any Partners/Associate at this location ?			
Covering Colleagues :			

Mid-Level Practitioners :

Do you have any mid-level practitioners at this location? **No**

Office Manager or Business Staff Contact :

First Name : **Bridgette**

Last Name :

Bridgette

Middle Name :

Suffix :

Phone Number :

734-728-3446

Fax Number :

734-589-6994

E-mail Address :

Brandyb@purepsychmi.com

Is Office Manager Credentialing Contact : **Yes**

Billing Contact :

Office Manager & Billing Contact are same ?

Payment and Remittance :

Billing department name :

Check Payable to :

Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

Practice Limitations and Patient Populations :

Are there any Practice Limitations ? **No**

Gender Limitations :

Are there any Age Limitations? :

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ?

Yes

Does this office provide handicapped accessibility ?

Yes

Please specify how this location meets handicapped accessibility requirements:

Exterior Building

Yes

Interior Building

Yes

Wheelchair access to exam room

Yes

Exam table/scale/chair

No

Gurneys & Stretchers

No

Portable Lifts

No

Radiologic Equipment

No

Signage & documents

No

Parking

Yes

Restroom

Yes

Other Handicapped Access :

Does this office have other services for the disabled ?

Yes

Please specify other services for the disabled:

Text Telephony (TTL) :

Yes

American Sign Language :

No

Mental/Physical Impairment Services :

Yes

Other Disability Services :

Is this office accessible by public transportation ?

Yes

Please specify how this office is accessible by public transportation:

Bus Transportation:

Yes

Subway :

No

Regional Train :

No

Other Transportation :

uber, lift, cab

Does this Location Provide Child Care Services?

No

Does this office meet all state and local fire, safety and sanitation requirements?

Yes

Do you have TDD(hearing impaired device) available :

Yes

Do you accept Workers' Compensation Patients?

No

Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy?

No

Modified or alternative duty is actively evaluated for each Workers' Compensation claimant?

No

Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible

No

Staff are available and willing to provide compensation representatives information regarding a claimant's care.

No

Telehealth :

I provide telehealth services at this location: **Yes**
Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)? **Yes**

Telehealth Service Type:

Audio :	No	Audio/Video :	Yes
Online Adaptive Interviews :	No	Secure Text Messaging :	No
Remote Monitoring :	No	Store-and-Forward :	No
Are you willing and able to support family caregivers?	Yes		

Services :

Does this location provide any of the following services:

Laboratory Services? :	No	Accrediting/Certifying Program :	
Radiology Services :	No	X-ray?	No
X-Ray Certification Type :		EKG Services?	No
Care of Minor Lacerations?	No	Pulmonary Function testing?	No
Allergy Injections :	No	Allergy Skin Testing :	No
Office Gynecology?	No		
Drawing Blood?	No		
Asthma Treatment?	No	Age Appropriate Immunizations?	No
Flexible Sigmoidoscopy?	No	Tympanometry/Audiometry Screening?	No
		IV Hydration treatment?	No
Osteopathic Manipulation?	No	Physical Therapy?	No
Cardiac Stress Test?	No		

Treadmill?		What class/category of anesthesia is used ?	
Is anesthesia administered in your office ?	No	Anesthesia Administered by Last Name :	
Anesthesia Administered by First Name :			
Other Services :			

Special Skills By The Practitioner :		Special Skills By The Staff :	
Non-English language spoken by office personnel :			
Employee Type :			
Do you have any interpreters at this location?	No		

General Information :

Confirmed Date :	9/22/2025	Providers's Start Date :	10/21/2024
Office Type :	Other Practice		
Do you practice at this location?:	Yes, I practice at this location		
Please Explain:	I see patients by appointment at least one day per week on a regular basis		

Provider Directory Classification :			
Specialty :	Counselor, Mental Health	Subspecialty :	
Will you continue to practice at this location	Yes		

Type of Service provided :
Provide a narrative description of your clinical practice including special interests :

Practice Name :	Pure psychiatry of Michigan		
Street 1 :	5123 W St Joe Hwy Ste 205	Country :	United States
Street 2 :		State :	MI
City :	Lansing	Province :	
County :	Wayne County	Email Address :	
Zip Code :	48917-4028	Practice Location Website	
Can general correspondence be sent to this location?			

Appointment Scheduling Website

Mailing Address :

Street1 :		Street2 :	
City :		State :	
County :		Province :	
Country :		Zip Code :	

Type of Practice :	Group/Single/Clinic		
Do you have an organization (Type 2) NPI? :	Yes	Organization (Type 2) NPI :	1831701671

Group Medicaid Number :		Group Medicare Number :	
Phone Numbers :			
Appointment Phone Number :	517-492-0611	Phone Extention :	
Fax Number :			
Back Office Phone Number :			
Phone Coverage :			
Does this location provide 24hour/7day a week phone coverage?:			
Phone Coverage Type :			
Tax Information :			
Practice Name as it appears on the W-9 :			
Tax ID :	852229929	Type of Tax ID :	Group
Is this the primary Tax ID for this practice location?	Yes		
Group Name :			
Network Denial :			
Have you closed your practice to any plans or programs ?		No	
Office Hours :			
Monday			
Start Time :	9:00 AM	End Time :	5:00 PM
Tuesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Wednesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Thursday			
Start Time :	9:00 AM	End Time :	5:00 PM
Friday			
Start Time :	9:00 AM	End Time :	5:00 PM
Saturday			
Start Time :	None	End Time :	None
Sunday			
Start Time :	None	End Time :	None
Patients :			
Do you accept new patients at this practice location?	Yes		
Do you accept existing patients with change of payor at this location?	Yes		
Do you accept all new patients at this location?	No		
Do you accept new Medicare patients at this location?	Yes		
Do you accept new Medicaid patients at this location?	Yes		
Do you accept new CHIP patients at this location?	Yes		
Do you accept new patients from physician referrals (i.e., referring letter) at this location?	Yes		
Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.			
What questions should we ask a patient, to help determine the appropriateness of the referral?			
Does this information vary by health plan ?	No		
Colleagues :			
Do you have any Partners/Associate at this location ?			
Covering Colleagues :			
Mid-Level Practitioners :			
Do you have any mid-level practitioners at this location?	No		
Office Manager or Business Staff Contact :			
First Name :	Bridgette	Last Name :	Bridgette
Middle Name :		Suffix :	

Phone Number :	734-728-3446	Fax Number :	734-589-6994
E-mail Address :	Brandyb@purepsychmi.com		
Is Office Manager Credentialing Contact :	Yes		
Billing Contact :			
Office Manager & Billing Contact are same ?			
Payment and Remittance :			
Billing department name :		Check Payable to :	
Electronic billing capabilities ?			
Office Manager & Payee Contact are same ?			
Practice Limitations and Patient Populations :			
Are there any Practice Limitations ?	No		
Gender Limitations :			
Are there any Age Limitations? :			
Only Native Americans:			
Only Enrolled Students:			
Other Limitations :			
Accessibility :			
Does this office meet ADA accessibility requirements ?	Yes		
Does this office provide handicapped accessibility ?	Yes		
Please specify how this location meets handicapped accessibility requirements:			
Exterior Building	Yes		
Interior Building	Yes		
Wheelchair access to exam room	Yes		
Exam table/scale/chair	No		
Gurneys & Stretchers	No		
Portable Lifts	No		
Radiologic Equipment	No		
Signage & documents	No		
Parking	Yes		
Restroom	Yes		
Other Handicapped Access :			
Does this office have other services for the disabled ?	Yes		
Please specify other services for the disabled:			
Text Telephony (TTL) :	Yes		
American Sign Language :	No		
Mental/Physical Impairment Services :	Yes		
Other Disability Services :			
Is this office accessible by public transportation ?	Yes		
Please specify how this office is accessible by public transportation:			
Bus Transportation:	Yes		
Subway :	No		
Regional Train :	No		
Other Transportation :	uber, lift, cab		
Does this Location Provide Child Care Services?	No		
Does this office meet all state and local fire, safety and sanitation requirements?	Yes		
Do you have TDD(hearing impaired device) available :	Yes		
Do you accept Workers' Compensation Patients?	No		
Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy?	No		
Modified or alternative duty is actively evaluated for each Workers' Compensation claimant?	No		
Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible	No		
Staff are available and willing to provide compensation representatives information regarding a claimant's care.	No		
Telehealth :			
I provide telehealth services at this location:	Yes		
Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?	Yes		
Telehealth Service Type:			
Audio :	No	Audio/Video :	Yes

Online Adaptive Interviews :	No	Secure Text Messaging :	No
Remote Monitoring :	No	Store-and-Forward :	No
Are you willing and able to support family caregivers?	Yes		

Services :

Does this location provide any of the following services:

Laboratory Services? :	No	Accrediting/Certifying Program :	
Radiology Services :	No	X-ray?	No
X-Ray Certification Type :		EKG Services?	No
Care of Minor Lacerations?	No	Pulmonary Function testing?	No
Allergy Injections :	No	Allergy Skin Testing :	No
Office Gynecology?	No		
Drawing Blood?	No		
Asthma Treatment?	No	Age Appropriate Immunizations?	No
Flexible Sigmoidoscopy?	No	Tympanometry/Audiometry Screening?	No

Osteopathic Manipulation?	No	IV Hydration treatment?	No
Cardiac Stress Test?	No	Physical Therapy?	No

Treadmill?

Is anesthesia administered in your office ?	No	What class/category of anesthesia is used ?	
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Anesthesia Administered by First Name :		Anesthesia Administered by Last Name :	
---	--	--	--

Other Services :

Special Skills By The Practitioner :		Special Skills By The Staff :	
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Non-English language spoken by office personnel :

Employee Type :

Do you have any interpreters at this location?	No
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General Information :

Confirmed Date :	9/22/2025	Providers's Start Date :	10/21/2024
Office Type :	Other Practice		

Do you practice at this location?:	Yes, I practice at this location
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Please Explain:	I see patients by appointment at least one day per week on a regular basis
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Provider Directory Classification :

Specialty :	Counselor, Mental Health	Subspecialty :	
Will you continue to practice at this location	Yes		

Type of Service provided :

Provide a narrative description of your clinical practice including special interests :

Practice Name :	Pure psychiatry of Michigan
Street 1 :	3031 Commerce Dr Ste A

Street 2 :		Country :	United States
City :	Fort Gratiot	State :	MI

County :	Wayne County	Province :	
Zip Code :	48059-4515	Email Address :	

Can general correspondence be sent to this location?		Practice Location Website	
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Appointment Scheduling Website

Mailing Address :

Street1 :		Street2 :	
City :		State :	
County :		Province :	
Country :		Zip Code :	

Type of Practice :	Group/Single/Clinic
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Do you have an organization (Type 2) NPI? :	Yes	Organization (Type 2) NPI :	1831701671
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Group Medicaid Number :

Group Medicare Number :

Phone Numbers :

Appointment Phone Number :	810-292-0557	Phone Extention :	
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Fax Number :

Back Office Phone Number :

Phone Coverage :

Does this location provide
24hour/7day a week phone
coverage?:

Phone Coverage Type :

Tax Information :

Practice Name as it appears on the
W-9 :

Tax ID : **852229929**

Type of Tax ID :

Group

Is this the primary Tax ID for this
practice location? **Yes**

Group Name :

Network Denial :

Have you closed your practice to any plans or programs ?

No

Office Hours :

Monday

Start Time : **9:00 AM**

End Time :

5:00 PM

Tuesday

Start Time : **9:00 AM**

End Time :

5:00 PM

Wednesday

Start Time : **9:00 AM**

End Time :

5:00 PM

Thursday

Start Time : **9:00 AM**

End Time :

5:00 PM

Friday

Start Time : **9:00 AM**

End Time :

5:00 PM

Saturday

Start Time : **None**

End Time :

None

Sunday

Start Time : **None**

End Time :

None

Patients :

Do you accept new patients at this
practice location? **Yes**

Do you accept existing patients with
change of payor at this location? **Yes**

Do you accept all new patients at this
location? **No**

Do you accept new Medicare patients
at this location? **Yes**

Do you accept new Medicaid patients
at this location? **Yes**

Do you accept new CHIP patients at
this location? **Yes**

Do you accept new patients from
physician referrals (i.e., referring
letter) at this location? **Yes**

Under what circumstances do you accept referrals? (i.e., letter from another
physician, etc.

What questions should we ask a patient, to help determine the appropriateness
of the referral?

Does this information vary by health
plan ? **No**

Colleagues :

Do you have any Partners/Associate
at this location ?

Covering Colleagues :

Mid-Level Practitioners :

Do you have any mid-level
practitioners at this location? **No**

Office Manager or Business Staff Contact :

First Name : **Bridgette**

Last Name :

Bridgette

Middle Name :

Suffix :

Phone Number : **734-728-3446**

Fax Number :

734-589-6994

E-mail Address : **Brandyb@purepsychmi.com**

Is Office Manager Credentialing
Contact : **Yes**

Contact :

Billing Contact :

Office Manager & Billing Contact are same ?

Payment and Remittance :

Billing department name :

Check Payable to :

Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

Practice Limitations and Patient Populations :

Are there any Practice Limitations ? **No**

Gender Limitations :

Are there any Age Limitations? :

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ?

Yes

Does this office provide handicapped accessibility ?

Yes

Please specify how this location meets handicapped accessibility requirements:

Exterior Building

Yes

Interior Building

Yes

Wheelchair access to exam room

Yes

Exam table/scale/chair

No

Gurneys & Stretchers

No

Portable Lifts

No

Radiologic Equipment

No

Signage & documents

No

Parking

Yes

Restroom

Yes

Other Handicapped Access :

Does this office have other services for the disabled ?

Yes

Please specify other services for the disabled:

Text Telephony (TTL) :

Yes

American Sign Language :

No

Mental/Physical Impairment Services :

Yes

Other Disability Services :

Is this office accessible by public transportation ?

Yes

Please specify how this office is accessible by public transportation:

Bus Transportation:

Yes

Subway :

No

Regional Train :

No

Other Transportation :

uber, lift, cab

Does this Location Provide Child Care Services?

No

Does this office meet all state and local fire, safety and sanitation requirements?

Yes

Do you have TDD(hearing impaired device) available :

Yes

Do you accept Workers' Compensation Patients?

No

Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy?

No

Modified or alternative duty is actively evaluated for each Workers' Compensation claimant?

No

Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible
Staff are available and willing to provide compensation representatives information regarding a claimant's care.

No

No

Telehealth :

I provide telehealth services at this location:

Yes

Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?

Yes

Telehealth Service Type:

Audio : **No**

Audio/Video :

Yes

Online Adaptive Interviews : **No**

Secure Text Messaging :

No

Remote Monitoring : **No**

Store-and-Forward :

No

Are you willing and able to support family caregivers? **Yes**

Services :

Does this location provide any of the following services:

Laboratory Services? :	No	Accrediting/Certifying Program :	
Radiology Services :	No	X-ray?	No
X-Ray Certification Type :		EKG Services?	No
Care of Minor Lacerations?	No	Pulmonary Function testing?	No
Allergy Injections :	No	Allergy Skin Testing :	No
Office Gynecology?	No		
Drawing Blood?	No		
Asthma Treatment?	No	Age Appropriate Immunizations?	No
Flexible Sigmoidoscopy?	No	Tympanometry/Audiometry Screening?	No

Osteopathic Manipulation?	No	IV Hydration treatment?	No
Cardiac Stress Test?	No	Physical Therapy?	No

Treadmill?		What class/category of anesthesia is used ?	
Is anesthesia administered in your office ?	No	Anesthesia Administered by Last Name :	

Anesthesia Administered by First Name :		Special Skills By The Staff :	
Other Services :			
Special Skills By The Practitioner :			

Non-English language spoken by office personnel :

Employee Type :	
Do you have any interpreters at this location?	No

General Information :

Confirmed Date :	9/22/2025		
Office Type :	Other Practice	Providers's Start Date :	10/21/2024
Do you practice at this location?:	Yes, I practice at this location		
Please Explain:	I see patients by appointment at least one day per week on a regular basis		

Provider Directory Classification :			
Specialty :	Counselor, Mental Health	Subspecialty :	
Will you continue to practice at this location	Yes		

Type of Service provided :
Provide a narrative description of your clinical practice including special interests :

Practice Name :	Pure psychiatry of Michigan		
Street 1 :	2755 Carpenter Rd Ste 3SE		
Street 2 :		Country :	United States
City :	Ann Arbor	State :	MI
County :	Wayne County	Province :	
Zip Code :	48108-1187	Email Address :	

Can general correspondence be sent to this location? Practice Location Website

Appointment Scheduling Website

Mailing Address :

Street1 :		Street2 :	
City :		State :	
County :		Province :	
Country :		Zip Code :	

Type of Practice :	Group/Single/Clinic		
Do you have an organization (Type 2) NPI? :	Yes	Organization (Type 2) NPI:	1831701671

Group Medicaid Number : Group Medicare Number :

Phone Numbers :			
Appointment Phone Number :	734-548-6099	Phone Extention :	

Fax Number :

Back Office Phone Number :

Phone Coverage :

Does this location provide 24hour/7day a week phone coverage?:

Phone Coverage Type :

Tax Information :

Practice Name as it appears on the

W-9 :

Tax ID : 852229929

Type of Tax ID :

Group

Is this the primary Tax ID for this
practice location? Yes

Group Name :

Network Denial :

Have you closed your practice to any plans or programs ?

No

Office Hours :

Monday

Start Time : 9:00 AM

End Time :

5:00 PM

Tuesday

Start Time : 9:00 AM

End Time :

5:00 PM

Wednesday

Start Time : 9:00 AM

End Time :

5:00 PM

Thursday

Start Time : 9:00 AM

End Time :

5:00 PM

Friday

Start Time : 9:00 AM

End Time :

5:00 PM

Saturday

Start Time : None

End Time :

None

Sunday

Start Time : None

End Time :

None

Patients :Do you accept new patients at this
practice location? YesDo you accept existing patients with
change of payor at this location? YesDo you accept all new patients at this
location? NoDo you accept new Medicare patients
at this location? YesDo you accept new Medicaid patients
at this location? YesDo you accept new CHIP patients at
this location? YesDo you accept new patients from
physician referrals (i.e., referring
letter) at this location? YesUnder what circumstances do you accept referrals? (i.e., letter from another
physician, etc.What questions should we ask a patient, to help determine the appropriateness
of the referral?Does this information vary by health
plan ? No**Colleagues :**Do you have any Partners/Associate
at this location ?**Covering Colleagues :****Mid-Level Practitioners :**Do you have any mid-level
practitioners at this location? No**Office Manager or Business Staff Contact :**

First Name : Bridgette

Last Name :

Bridgette

Middle Name :

Suffix :

Phone Number : 734-728-3446

Fax Number :

734-589-6994

E-mail Address : Brandyb@purepsychmi.comIs Office Manager Credentialing
Contact : Yes**Billing Contact :**Office Manager & Billing Contact are
same ?**Payment and Remittance :**

Billing department name :

Check Payable to :

Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

Practice Limitations and Patient Populations :

Are there any Practice Limitations ? **No**

Gender Limitations :

Are there any Age Limitations? :

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ? **Yes**

Does this office provide handicapped accessibility ? **Yes**

Please specify how this location meets handicapped accessibility requirements:

Exterior Building **Yes**

Interior Building **Yes**

Wheelchair access to exam room **Yes**

Exam table/scale/chair **No**

Gurneys & Stretchers **No**

Portable Lifts **No**

Radiologic Equipment **No**

Signage & documents **No**

Parking **Yes**

Restroom **Yes**

Other Handicapped Access :

Does this office have other services for the disabled ? **Yes**

Please specify other services for the disabled:

Text Telephony (TTL) : **Yes**

American Sign Language : **No**

Mental/Physical Impairment Services : **Yes**

Other Disability Services :

Is this office accessible by public transportation ? **Yes**

Please specify how this office is accessible by public transportation:

Bus Transportation: **Yes**

Subway : **No**

Regional Train : **No**

Other Transportation : **uber, lift, cab**

Does this Location Provide Child Care Services? **No**

Does this office meet all state and local fire, safety and sanitation requirements? **Yes**

Do you have TDD(hearing impaired device) available : **Yes**

Do you accept Workers' Compensation Patients? **No**

Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy? **No**

Modified or alternative duty is actively evaluated for each Workers' Compensation claimant? **No**

Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible **No**

Staff are available and willing to provide compensation representatives information regarding a claimant's care. **No**

Telehealth :

I provide telehealth services at this location: **Yes**

Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)? **Yes**

Telehealth Service Type:

Audio : **No**

Online Adaptive Interviews : **No**

Remote Monitoring : **No**

Are you willing and able to support family caregivers? **Yes**

Services :

Does this location provide any of the following services:

Laboratory Services? : **No**

Radiology Services : **No**

X-Ray Certification Type : **No**

Care of Minor Lacerations? **No**

Audio/Video : **Yes**

Secure Text Messaging : **No**

Store-and-Forward : **No**

Accrediting/Certifying Program : **No**

X-ray? **No**

EKG Services? **No**

Pulmonary Function testing? **No**

Allergy Injections :	No	Allergy Skin Testing :	No
Office Gynecology?	No		
Drawing Blood?	No		
Asthma Treatment?	No	Age Appropriate Immunizations?	No
Flexible Sigmoidoscopy?	No	Tympanometry/Audiometry Screening?	No
Osteopathic Manipulation?	No	IV Hydration treatment?	No
Cardiac Stress Test?	No	Physical Therapy?	No
Treadmill?			
Is anesthesia administered in your office ?	No	What class/category of anesthesia is used ?	
Anesthesia Administered by First Name :		Anesthesia Administered by Last Name :	
Other Services :			
Special Skills By The Practitioner :		Special Skills By The Staff :	
Non-English language spoken by office personnel :			
Employee Type :			
Do you have any interpreters at this location?	No		
General Information :			
Confirmed Date :	9/22/2025		
Office Type :	Other Practice	Providers's Start Date :	10/21/2024
Do you practice at this location?:	Yes, I practice at this location		
Please Explain:	I see patients by appointment at least one day per week on a regular basis		
Provider Directory Classification :			
Specialty :	Counselor, Mental Health	Subspecialty :	
Will you continue to practice at this location	Yes		
Type of Service provided :			
Provide a narrative description of your clinical practice including special interests :			
Practice Name :	Pure psychiatry of Michigan		
Street 1 :	1429 Flushing Rd # B		
Street 2 :		Country :	United States
City :	Flushing	State :	MI
County :	Wayne County	Province :	
Zip Code :	48433-2228	Email Address :	
Can general correspondence be sent to this location?		Practice Location Website	
Appointment Scheduling Website			
Mailing Address :			
Street1 :		Street2 :	
City :		State :	
County :		Province :	
Country :		Zip Code :	
Type of Practice :	Group/Single/Clinic		
Do you have an organization (Type 2) NPI? :	Yes	Organization (Type 2) NPI :	1831701671
Group Medicaid Number :		Group Medicare Number :	
Phone Numbers :			
Appointment Phone Number :	734-728-3446	Phone Extention :	
Fax Number :	734-589-6994		
Back Office Phone Number :			
Phone Coverage :			
Does this location provide 24hour/7day a week phone coverage?:			
Phone Coverage Type :			
Tax Information :			
Practice Name as it appears on the W-9 :			
Tax ID :	852229929	Type of Tax ID :	Group
Is this the primary Tax ID for this practice location?	Yes		

Group Name :

Network Denial :

Have you closed your practice to any plans or programs ?

No**Office Hours :**

Monday

Start Time : **9:00 AM**

End Time :

5:00 PM

Tuesday

Start Time : **9:00 AM**

End Time :

5:00 PM

Wednesday

Start Time : **9:00 AM**

End Time :

5:00 PM

Thursday

Start Time : **9:00 AM**

End Time :

5:00 PM

Friday

Start Time : **9:00 AM**

End Time :

5:00 PM

Saturday

Start Time : **None**

End Time :

None

Sunday

Start Time : **None**

End Time :

None**Patients :**Do you accept new patients at this practice location? **Yes**Do you accept existing patients with change of payor at this location? **Yes**Do you accept all new patients at this location? **No**Do you accept new Medicare patients at this location? **Yes**Do you accept new Medicaid patients at this location? **Yes**Do you accept new CHIP patients at this location? **Yes**Do you accept new patients from physician referrals (i.e., referring letter) at this location? **Yes**

Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.

What questions should we ask a patient, to help determine the appropriateness of the referral?

Does this information vary by health plan ? **No****Colleagues :**

Do you have any Partners/Associate at this location ?

Covering Colleagues :**Mid-Level Practitioners :**Do you have any mid-level practitioners at this location? **No****Office Manager or Business Staff Contact :**First Name : **Bridgette**

Last Name :

Bridgette

Middle Name :

Suffix :

Phone Number : **734-728-3446**

Fax Number :

734-589-6994E-mail Address : **Brandyb@purepsychmi.com**Is Office Manager Credentialing Contact : **Yes****Billing Contact :**

Office Manager & Billing Contact are same ?

Payment and Remittance :

Billing department name :

Check Payable to :

Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

Practice Limitations and Patient Populations :Are there any Practice Limitations ? **No**

Gender Limitations :

Are there any Age Limitations? :

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ? **Yes**

Does this office provide handicapped accessibility ? **Yes**

Please specify how this location meets handicapped accessibility requirements:

Exterior Building **Yes**

Interior Building **Yes**

Wheelchair access to exam room **Yes**

Exam table/scale/chair **No**

Gurneys & Stretchers **No**

Portable Lifts **No**

Radiologic Equipment **No**

Signage & documents **No**

Parking **Yes**

Restroom **Yes**

Other Handicapped Access :

Does this office have other services for the disabled ? **Yes**

Please specify other services for the disabled:

Text Telephony (TTL) : **Yes**

American Sign Language : **No**

Mental/Physical Impairment Services : **Yes**

Other Disability Services :

Is this office accessible by public transportation ? **Yes**

Please specify how this office is accessible by public transportation:

Bus Transportation: **Yes**

Subway : **No**

Regional Train : **No**

Other Transportation : **uber, lift, cab**

Does this Location Provide Child Care Services? **No**

Does this office meet all state and local fire, safety and sanitation requirements? **Yes**

Do you have TDD(hearing impaired device) available : **Yes**

Do you accept Workers' Compensation Patients? **No**

Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy? **No**

Modified or alternative duty is actively evaluated for each Workers' Compensation claimant? **No**

Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible **No**

Staff are available and willing to provide compensation representatives information regarding a claimant's care. **No**

Telehealth :

I provide telehealth services at this location: **Yes**

Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)? **Yes**

Telehealth Service Type:

Audio : **No** Audio/Video : **Yes**

Online Adaptive Interviews : **No** Secure Text Messaging : **No**

Remote Monitoring : **No** Store-and-Forward : **No**

Are you willing and able to support family caregivers? **Yes**

Services :

Does this location provide any of the following services:

Laboratory Services? : **No** Accrediting/Certifying Program : **No**

Radiology Services : **No** X-ray? **No**

X-Ray Certification Type : **No** EKG Services? **No**

Care of Minor Lacerations? **No** Pulmonary Function testing? **No**

Allergy Injections : **No** Allergy Skin Testing : **No**

Office Gynecology? **No**

Drawing Blood? **No**

Asthma Treatment? **No** Age Appropriate Immunizations? **No**

Flexible Sigmoidoscopy? **No** Tympanometry/Audiometry Screening? **No**

Osteopathic Manipulation?	No	IV Hydration treatment?	No
Cardiac Stress Test?	No	Physical Therapy?	No
Treadmill?			
Is anesthesia administered in your office ?	No	What class/category of anesthesia is used ?	
Anesthesia Administered by First Name :		Anesthesia Administered by Last Name :	
Other Services :			
Special Skills By The Practitioner :		Special Skills By The Staff :	
Non-English language spoken by office personnel :			
Employee Type :			
Do you have any interpreters at this location?	No		
General Information :			
Confirmed Date :	9/22/2025		
Office Type :	Other Practice	Providers's Start Date :	10/21/2024
Do you practice at this location?:	Yes, I practice at this location		
Please Explain:	I see patients by appointment at least one day per week on a regular basis		
Provider Directory Classification :			
Specialty :	Counselor, Mental Health	Subspecialty :	
Will you continue to practice at this location	Yes		
Type of Service provided :			
Provide a narrative description of your clinical practice including special interests :			
Practice Name :	Pure psychiatry of Michigan		
Street 1 :	39600 Garfield Rd Ste F		
Street 2 :		Country :	United States
City :	Clinton Township	State :	MI
County :	Wayne County	Province :	
Zip Code :	48038-5913	Email Address :	
Can general correspondence be sent to this location?		Practice Location Website	
Appointment Scheduling Website			
Mailing Address :			
Street1 :		Street2 :	
City :		State :	
County :		Province :	
Country :		Zip Code :	
Type of Practice :	Group/Single/Clinic		
Do you have an organization (Type 2) NPI? :	Yes	Organization (Type 2) NPI :	1831701671
Group Medicaid Number :		Group Medicare Number :	
Phone Numbers :			
Appointment Phone Number :	586-307-6566	Phone Extention :	
Fax Number :			
Back Office Phone Number :			
Phone Coverage :			
Does this location provide 24hour/7day a week phone coverage?:			
Phone Coverage Type :			
Tax Information :			
Practice Name as it appears on the W-9 :			
Tax ID :	852229929	Type of Tax ID :	Group
Is this the primary Tax ID for this practice location?	Yes		
Group Name :			
Network Denial :			
Have you closed your practice to any plans or programs ?	No		
Office Hours :			
Monday			
Start Time :	9:00 AM	End Time :	5:00 PM

Tuesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Wednesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Thursday			
Start Time :	9:00 AM	End Time :	5:00 PM
Friday			
Start Time :	9:00 AM	End Time :	5:00 PM
Saturday			
Start Time :	None	End Time :	None
Sunday			
Start Time :	None	End Time :	None

Patients :

Do you accept new patients at this practice location? **Yes**

Do you accept existing patients with change of payor at this location? **Yes**

Do you accept all new patients at this location? **No**

Do you accept new Medicare patients at this location? **Yes**

Do you accept new Medicaid patients at this location? **Yes**

Do you accept new CHIP patients at this location? **Yes**

Do you accept new patients from physician referrals (i.e., referring letter) at this location? **Yes**

Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.

What questions should we ask a patient, to help determine the appropriateness of the referral?

Does this information vary by health plan ? **No**

Colleagues :

Do you have any Partners/Associate at this location ?

Covering Colleagues :

Mid-Level Practitioners :

Do you have any mid-level practitioners at this location? **No**

Office Manager or Business Staff Contact :

First Name :	Bridgette	Last Name :	Bridgette
Middle Name :		Suffix :	
Phone Number :	734-728-3446	Fax Number :	734-589-6994
E-mail Address :	Brandyb@purepsychmi.com		

Is Office Manager Credentialing Contact : **Yes**

Billing Contact :

Office Manager & Billing Contact are same ?

Payment and Remittance :

Billing department name :

Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

Practice Limitations and Patient Populations :

Are there any Practice Limitations ? **No**

Gender Limitations :

Are there any Age Limitations? :

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ? **Yes**

Does this office provide handicapped accessibility ? **Yes**

Please specify how this location meets handicapped accessibility requirements:

Exterior Building	Yes
Interior Building	Yes
Wheelchair access to exam room	Yes
Exam table/scale/chair	No
Gurneys & Stretchers	No
Portable Lifts	No
Radiologic Equipment	No
Signage & documents	No
Parking	Yes
Restroom	Yes

Other Handicapped Access :

Does this office have other services for the disabled ? **Yes****Please specify other services for the disabled:**

Text Telephony (TTL) :	Yes
American Sign Language :	No
Mental/Physical Impairment Services :	Yes
Other Disability Services :	

Is this office accessible by public transportation ? **Yes****Please specify how this office is accessible by public transportation:**

Bus Transportation:	Yes
Subway :	No
Regional Train :	No
Other Transportation :	uber, lift, cab

Does this Location Provide Child Care Services? No

Does this office meet all state and local fire, safety and sanitation requirements? **Yes**Do you have TDD(hearing impaired device) available : **Yes**

Do you accept Workers' Compensation Patients? No

Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy? No

Modified or alternative duty is actively evaluated for each Workers' Compensation claimant? No

Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible No

Staff are available and willing to provide compensation representatives information regarding a claimant's care. No

Telehealth :I provide telehealth services at this location: **Yes**Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)? **Yes**

Telehealth Service Type:

Audio :	No	Audio/Video :	Yes
Online Adaptive Interviews :	No	Secure Text Messaging :	No
Remote Monitoring :	No	Store-and-Forward :	No
Are you willing and able to support family caregivers?	Yes		

Services :

Does this location provide any of the following services:

Laboratory Services? :	No	Accrediting/Certifying Program :	
Radiology Services :	No	X-ray?	No
X-Ray Certification Type :		EKG Services?	No
Care of Minor Lacerations?	No	Pulmonary Function testing?	No
Allergy Injections :	No	Allergy Skin Testing :	No
Office Gynecology?	No		
Drawing Blood?	No		
Asthma Treatment?	No	Age Appropriate Immunizations?	No
Flexible Sigmoidoscopy?	No	Tympanometry/Audiometry Screening?	No
		IV Hydration treatment?	No
Osteopathic Manipulation?	No	Physical Therapy?	No
Cardiac Stress Test?	No		
Treadmill?			
Is anesthesia administered in your office ?	No	What class/category of anesthesia is used ?	

Anesthesia Administered by First Name :		Anesthesia Administered by Last Name :	
Other Services :			
Special Skills By The Practitioner :		Special Skills By The Staff :	
Non-English language spoken by office personnel :			
Employee Type :			
Do you have any interpreters at this location?		No	
General Information :			
Confirmed Date :		9/22/2025	
Office Type :		Other Practice	
Do you practice at this location?:		Providers's Start Date : 10/21/2024	
Please Explain:		Yes, I practice at this location	
Provider Directory Classification :		I see patients by appointment at least one day per week on a regular basis	
Specialty :		Counselor, Mental Health	
Will you continue to practice at this location		Subspecialty : Yes	
Type of Service provided :			
Provide a narrative description of your clinical practice including special interests :			
Practice Name :		Pure psychiatry of Michigan	
Street 1 :		375 Eureka Rd Ste B	
Street 2 :			
City :		Country : United States	
County :		State : MI	
Zip Code :		Province :	
Can general correspondence be sent to this location?		Email Address :	
Appointment Scheduling Website		Practice Location Website	
Mailing Address :			
Street1 :		Street2 :	
City :		State :	
County :		Province :	
Country :		Zip Code :	
Type of Practice :		Group/Single/Clinic	
Do you have an organization (Type 2) NPI? :		Yes	
Group Medicaid Number :		Organization (Type 2) NPI : 1831701671	
Phone Numbers :		Group Medicare Number :	
Appointment Phone Number :		Phone Extention :	
Fax Number :			
Back Office Phone Number :			
Phone Coverage :			
Does this location provide 24hour/7day a week phone coverage?:			
Phone Coverage Type :			
Tax Information :			
Practice Name as it appears on the W-9 :			
Tax ID :		852229929	
Is this the primary Tax ID for this practice location?		Type of Tax ID : Group	
Group Name :		Yes	
Network Denial :			
Have you closed your practice to any plans or programs ?		No	
Office Hours :			
Monday			
Start Time :		9:00 AM	
End Time :		5:00 PM	
Tuesday			
Start Time :		9:00 AM	
End Time :		5:00 PM	
Wednesday			
Start Time :		9:00 AM	
End Time :		5:00 PM	
Thursday			

Start Time :	9:00 AM	End Time :	5:00 PM
Friday			
Start Time :	9:00 AM	End Time :	5:00 PM
Saturday			
Start Time :	None	End Time :	None
Sunday			
Start Time :	None	End Time :	None

Patients :

Do you accept new patients at this practice location? **Yes**

Do you accept existing patients with change of payor at this location? **Yes**

Do you accept all new patients at this location? **No**

Do you accept new Medicare patients at this location? **Yes**

Do you accept new Medicaid patients at this location? **Yes**

Do you accept new CHIP patients at this location? **Yes**

Do you accept new patients from physician referrals (i.e., referring letter) at this location? **Yes**

Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.

What questions should we ask a patient, to help determine the appropriateness of the referral?

Does this information vary by health plan ? **No**

Colleagues :

Do you have any Partners/Associate at this location ?

Covering Colleagues :**Mid-Level Practitioners :**

Do you have any mid-level practitioners at this location? **No**

Office Manager or Business Staff Contact :

First Name : **Bridgette**

Last Name :

Bridgette

Middle Name :

Suffix :

Phone Number : **734-728-3446**

Fax Number :

734-589-6994

E-mail Address : Brandyb@purepsychmi.com

Is Office Manager Credentialing Contact : **Yes**

Billing Contact :

Office Manager & Billing Contact are same ?

Payment and Remittance :

Billing department name :

Check Payable to :

Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

Practice Limitations and Patient Populations :

Are there any Practice Limitations ? **No**

Gender Limitations :

Are there any Age Limitations? :

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ?

Yes

Does this office provide handicapped accessibility ?

Yes

Please specify how this location meets handicapped accessibility requirements:

Exterior Building **Yes**

Interior Building **Yes**

Wheelchair access to exam room **Yes**

Exam table/scale/chair **No**

Gurneys & Stretchers	No
Portable Lifts	No
Radiologic Equipment	No
Signage & documents	No
Parking	Yes
Restroom	Yes
Other Handicapped Access :	
Does this office have other services for the disabled ?	Yes
Please specify other services for the disabled:	
Text Telephony (TTL) :	Yes
American Sign Language :	No
Mental/Physical Impairment Services :	Yes
Other Disability Services :	
Is this office accessible by public transportation ?	Yes
Please specify how this office is accessible by public transportation:	
Bus Transportation:	Yes
Subway :	No
Regional Train :	No
Other Transportation :	uber, lift, cab
Does this Location Provide Child Care Services?	No
Does this office meet all state and local fire, safety and sanitation requirements?	Yes
Do you have TDD(hearing impaired device) available :	Yes
Do you accept Workers' Compensation Patients?	No
Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy?	No
Modified or alternative duty is actively evaluated for each Workers' Compensation claimant?	No
Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible	No
Staff are available and willing to provide compensation representatives information regarding a claimant's care.	No
Telehealth :	
I provide telehealth services at this location:	Yes
Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?	Yes
Telehealth Service Type:	
Audio :	No
Online Adaptive Interviews :	No
Remote Monitoring :	No
Are you willing and able to support family caregivers?	Yes
Services :	
Does this location provide any of the following services:	
Laboratory Services? :	No
Radiology Services :	No
X-Ray Certification Type :	
Care of Minor Lacerations?	No
Allergy Injections :	No
Office Gynecology?	No
Drawing Blood?	No
Asthma Treatment?	No
Flexible Sigmoidoscopy?	No
Osteopathic Manipulation?	No
Cardiac Stress Test?	No
Treadmill?	
Is anesthesia administered in your office ?	No
Anesthesia Administered by First Name :	
Other Services :	
Special Skills By The Practitioner :	
Non-English language spoken by office personnel :	
Audio/Video :	Yes
Secure Text Messaging :	No
Store-and-Forward :	No
Accrediting/Certifying Program :	
X-ray?	No
EKG Services?	No
Pulmonary Function testing?	No
Allergy Skin Testing :	No
Age Appropriate Immunizations?	No
Tympanometry/Audiometry Screening?	No
IV Hydration treatment?	No
Physical Therapy?	No
What class/category of anesthesia is used ?	
Anesthesia Administered by Last Name :	
Special Skills By The Staff :	

Employee Type :			
Do you have any interpreters at this location?		No	
General Information :			
Confirmed Date :		9/22/2025	
Office Type :		Other Practice	
Do you practice at this location?:		Providers's Start Date : 10/21/2024	
Please Explain:		Yes, I practice at this location	
		I see patients by appointment at least one day per week on a regular basis	
Provider Directory Classification :			
Specialty :		Counselor, Mental Health	
Will you continue to practice at this location		Subspecialty :	
Yes			
Type of Service provided :			
Provide a narrative description of your clinical practice including special interests :			
Practice Name : Pure psychiatry of Michigan			
Street 1 : 1475 Ford Ave			
Street 2 :		Country : United States	
City : Wyandotte		State : MI	
County : Wayne County		Province :	
Zip Code : 48192-3825		Email Address :	
Can general correspondence be sent to this location?		Practice Location Website	
Appointment Scheduling Website			
Mailing Address :			
Street1 :		Street2 :	
City :		State :	
County :		Province :	
Country :		Zip Code :	
Type of Practice :		Group/Single/Clinic	
Do you have an organization (Type 2) NPI? :		Organization (Type 2) NPI: 1831701671	
Group Medicaid Number :		Group Medicare Number :	
Phone Numbers :			
Appointment Phone Number :		Phone Extention :	
734-258-8386			
Fax Number :			
734-258-8389			
Back Office Phone Number :			
Phone Coverage :			
Does this location provide 24hour/7 day a week phone coverage?:			
Phone Coverage Type :			
Tax Information :			
Practice Name as it appears on the W-9 :			
Tax ID :		Type of Tax ID :	
852229929		Group	
Is this the primary Tax ID for this practice location?		Yes	
Group Name :			
Network Denial :			
Have you closed your practice to any plans or programs ?		No	
Office Hours :			
Monday			
Start Time :		End Time :	
9:00 AM		5:00 PM	
Tuesday			
Start Time :		End Time :	
9:00 AM		5:00 PM	
Wednesday			
Start Time :		End Time :	
9:00 AM		5:00 PM	
Thursday			
Start Time :		End Time :	
9:00 AM		5:00 PM	
Friday			
Start Time :		End Time :	
9:00 AM		5:00 PM	
Saturday			
Start Time :		End Time :	
None		None	
Sunday			

Start Time :	None	End Time :	None
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Patients :

Do you accept new patients at this practice location? **Yes**

Do you accept existing patients with change of payor at this location? **Yes**

Do you accept all new patients at this location? **No**

Do you accept new Medicare patients at this location? **Yes**

Do you accept new Medicaid patients at this location? **Yes**

Do you accept new CHIP patients at this location? **Yes**

Do you accept new patients from physician referrals (i.e., referring letter) at this location? **Yes**

Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.

What questions should we ask a patient, to help determine the appropriateness of the referral?

Does this information vary by health plan ? **No**

Colleagues :

Do you have any Partners/Associate at this location ?

Covering Colleagues :

Mid-Level Practitioners :

Do you have any mid-level practitioners at this location? **No**

Office Manager or Business Staff Contact :

First Name :	Bridgette	Last Name :	Bridgette
Middle Name :		Suffix :	
Phone Number :	734-728-3446	Fax Number :	734-589-6994
E-mail Address :	Brandyb@purepsychmi.com		

Is Office Manager Credentialing Contact : **Yes**

Billing Contact :

Office Manager & Billing Contact are same ?

Payment and Remittance :

Billing department name :
 Check Payable to : |

Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

Practice Limitations and Patient Populations :

Are there any Practice Limitations ? **No**

Gender Limitations :

Are there any Age Limitations? :

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ? **Yes**

Does this office provide handicapped accessibility ? **Yes**

Please specify how this location meets handicapped accessibility requirements:

Exterior Building	Yes
Interior Building	Yes
Wheelchair access to exam room	Yes
Exam table/scale/chair	No
Gurneys & Stretchers	No
Portable Lifts	No
Radiologic Equipment	No
Signage & documents	No
Parking	Yes
Restroom	Yes

Other Handicapped Access :			
Does this office have other services for the disabled ?		Yes	
Please specify other services for the disabled:			
Text Telephony (TTL) :		Yes	
American Sign Language :		No	
Mental/Physical Impairment Services :		Yes	
Other Disability Services :			
Is this office accessible by public transportation ?		Yes	
Please specify how this office is accessible by public transportation:			
Bus Transportation:		Yes	
Subway :		No	
Regional Train :		No	
Other Transportation :		uber, lift, cab	
Does this Location Provide Child Care Services?		No	
Does this office meet all state and local fire, safety and sanitation requirements?		Yes	
Do you have TDD(hearing impaired device) available :		Yes	
Do you accept Workers' Compensation Patients?		No	
Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy?		No	
Modified or alternative duty is actively evaluated for each Workers' Compensation claimant?		No	
Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible		No	
Staff are available and willing to provide compensation representatives information regarding a claimant's care.		No	
Telehealth :			
I provide telehealth services at this location:		Yes	
Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?		Yes	
Telehealth Service Type:			
Audio :	No	Audio/Video :	Yes
Online Adaptive Interviews :	No	Secure Text Messaging :	No
Remote Monitoring :	No	Store-and-Forward :	No
Are you willing and able to support family caregivers?		Yes	
Services :			
Does this location provide any of the following services:			
Laboratory Services? :	No	Accrediting/Certifying Program :	
Radiology Services :	No	X-ray?	No
X-Ray Certification Type :		EKG Services?	No
Care of Minor Lacerations?	No	Pulmonary Function testing?	No
Allergy Injections :	No	Allergy Skin Testing :	No
Office Gynecology?	No		
Drawing Blood?	No		
Asthma Treatment?	No	Age Appropriate Immunizations?	No
Flexible Sigmoidoscopy?	No	Tympanometry/Audiometry Screening?	No
Osteopathic Manipulation?	No	IV Hydration treatment?	No
Cardiac Stress Test?	No	Physical Therapy?	No
Treadmill?			
Is anesthesia administered in your office ?	No	What class/category of anesthesia is used ?	
Anesthesia Administered by First Name :		Anesthesia Administered by Last Name :	
Other Services :			
Special Skills By The Practitioner :		Special Skills By The Staff :	
Non-English language spoken by office personnel :			
Employee Type :			
Do you have any interpreters at this location?	No		
General Information :			
Confirmed Date :	9/22/2025		
Office Type :	Other Practice	Providers's Start Date :	10/21/2024

Do you practice at this location?:		Yes, I practice at this location	
Please Explain:		I see patients by appointment at least one day per week on a regular basis	
Provider Directory Classification :			
Specialty :	Counselor, Mental Health	Subspecialty :	
Will you continue to practice at this location	Yes		
Type of Service provided :			
Provide a narrative description of your clinical practice including special interests :			
Practice Name :		Pure psychiatry of Michigan	
Street 1 :		5889 Whitmore Lake Rd Ste 2	
Street 2 :			
City :	Brighton	Country :	United States
County :	Wayne County	State :	MI
Zip Code :	48116-1998	Province :	
Can general correspondence be sent to this location?		Email Address :	
Appointment Scheduling Website		Practice Location Website	
Mailing Address :			
Street1 :		Street2 :	
City :		State :	
County :		Province :	
Country :		Zip Code :	
Type of Practice :	Group/Single/Clinic		
Do you have an organization (Type 2) NPI? :	Yes	Organization (Type 2) NPI :	1831701671
Group Medicaid Number :		Group Medicare Number :	
Phone Numbers :			
Appointment Phone Number :	734-751-8081	Phone Extention :	
Fax Number :			
Back Office Phone Number :			
Phone Coverage :			
Does this location provide 24hour/7day a week phone coverage?:			
Phone Coverage Type :			
Tax Information :			
Practice Name as it appears on the W-9 :			
Tax ID :	852229929	Type of Tax ID :	Group
Is this the primary Tax ID for this practice location?	Yes		
Group Name :			
Network Denial :			
Have you closed your practice to any plans or programs ?		No	
Office Hours :			
Monday			
Start Time :	9:00 AM	End Time :	5:00 PM
Tuesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Wednesday			
Start Time :	9:00 AM	End Time :	5:00 PM
Thursday			
Start Time :	9:00 AM	End Time :	5:00 PM
Friday			
Start Time :	9:00 AM	End Time :	5:00 PM
Saturday			
Start Time :	None	End Time :	None
Sunday			
Start Time :	None	End Time :	None
Patients :			
Do you accept new patients at this practice location?	Yes		
Do you accept existing patients with change of payor at this location?	Yes		

Do you accept all new patients at this location? **No**

Do you accept new Medicare patients at this location? **Yes**

Do you accept new Medicaid patients at this location? **Yes**

Do you accept new CHIP patients at this location? **Yes**

Do you accept new patients from physician referrals (i.e., referring letter) at this location? **Yes**

Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.

What questions should we ask a patient, to help determine the appropriateness of the referral?

Does this information vary by health plan ? **No**

Colleagues :

Do you have any Partners/Associate at this location ?

Covering Colleagues :

Mid-Level Practitioners :

Do you have any mid-level practitioners at this location? **No**

Office Manager or Business Staff Contact :

First Name : **Bridgette**

Last Name :

Bridgette

Middle Name :

Suffix :

Phone Number : **734-728-3446**

Fax Number :

734-589-6994

E-mail Address : Brandyb@purepsychmi.com

Is Office Manager Credentialing Contact : **Yes**

Billing Contact :

Office Manager & Billing Contact are same ?

Payment and Remittance :

Billing department name :

Check Payable to :

Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

Practice Limitations and Patient Populations :

Are there any Practice Limitations ? **No**

Gender Limitations :

Are there any Age Limitations? :

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ?

Yes

Does this office provide handicapped accessibility ?

Yes

Please specify how this location meets handicapped accessibility requirements:

Exterior Building **Yes**

Interior Building **Yes**

Wheelchair access to exam room **Yes**

Exam table/scale/chair **No**

Gurneys & Stretchers **No**

Portable Lifts **No**

Radiologic Equipment **No**

Signage & documents **No**

Parking **Yes**

Restroom **Yes**

Other Handicapped Access :

Does this office have other services for the disabled ?

Yes

Please specify other services for the disabled:

Text Telephony (TTL) : **Yes**

American Sign Language : **No**

Mental/Physical Impairment Services : **Yes**

Other Disability Services :

Is this office accessible by public transportation ? **Yes**

Please specify how this office is accessible by public transportation:

Bus Transportation: **Yes**

Subway : **No**

Regional Train : **No**

Other Transportation : **uber, lift, cab**

Does this Location Provide Child Care Services? **No**

Does this office meet all state and local fire, safety and sanitation requirements? **Yes**

Do you have TDD(hearing impaired device) available : **Yes**

Do you accept Workers' Compensation Patients? **No**

Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy? **No**

Modified or alternative duty is actively evaluated for each Workers' Compensation claimant? **No**

Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible **No**

Staff are available and willing to provide compensation representatives information regarding a claimant's care. **No**

Telehealth :

I provide telehealth services at this location: **Yes**

Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)? **Yes**

Telehealth Service Type:

Audio : **No** Audio/Video : **Yes**

Online Adaptive Interviews : **No** Secure Text Messaging : **No**

Remote Monitoring : **No** Store-and-Forward : **No**

Are you willing and able to support family caregivers? **Yes**

Services :

Does this location provide any of the following services:

Laboratory Services? : **No** Accrediting/Certifying Program : **No**

Radiology Services : **No** X-ray? **No**

X-Ray Certification Type : **No** EKG Services? **No**

Care of Minor Lacerations? **No** Pulmonary Function testing? **No**

Allergy Injections : **No** Allergy Skin Testing : **No**

Office Gynecology? **No**

Drawing Blood? **No**

Asthma Treatment? **No** Age Appropriate Immunizations? **No**

Flexible Sigmoidoscopy? **No** Tympanometry/Audiometry Screening? **No**

Osteopathic Manipulation? **No** IV Hydration treatment? **No**

Cardiac Stress Test? **No** Physical Therapy? **No**

Treadmill? **No**

Is anesthesia administered in your office ? **No** What class/category of anesthesia is used ?

Anesthesia Administered by First Name : Anesthesia Administered by Last Name :

Other Services : Special Skills By The Staff :

Special Skills By The Practitioner : Non-English language spoken by office personnel :

Employee Type : Do you have any interpreters at this location? **No**

General Information :

Confirmed Date : **9/22/2025**

Office Type : **Other Practice** Providers's Start Date : **10/21/2024**

Do you practice at this location?: **Yes, I practice at this location**

Please Explain: **I see patients by appointment at least one day per week on a regular basis**

Provider Directory Classification : **Counselor, Mental Health** Subspecialty :

Specialty : **Yes**

Will you continue to practice at this location

Type of Service provided :
Provide a narrative description of your clinical practice including special interests :
Practice Name : Pure psychiatry of Michigan
Street 1 : 142 E Maumee St Ste 4
Street 2 :
City : Adrian
County : Wayne County
Zip Code : 49221-2735
Country : United States
State : MI
Province :
Email Address :
Practice Location Website:
Can general correspondence be sent to this location?
Appointment Scheduling Website:
Mailing Address :
Street1 :
City :
County :
Country :
Type of Practice : Group/Single/Clinic
Do you have an organization (Type 2) NPI? : Yes
Organization (Type 2) NPI : 1831701671
Group Medicaid Number :
Group Medicare Number :
Phone Numbers :
Appointment Phone Number : 734-751-8081
Phone Extention :
Fax Number :
Back Office Phone Number :
Phone Coverage :
Does this location provide 24hour/7day a week phone coverage?:
Phone Coverage Type :
Tax Information :
Practice Name as it appears on the W-9 :
Tax ID : 852229929
Type of Tax ID : Group
Is this the primary Tax ID for this practice location? : Yes
Group Name :
Network Denial :
Have you closed your practice to any plans or programs ? : No
Office Hours :
Monday
Start Time : 9:00 AM
End Time : 5:00 PM
Tuesday
Start Time : 9:00 AM
End Time : 5:00 PM
Wednesday
Start Time : 9:00 AM
End Time : 5:00 PM
Thursday
Start Time : 9:00 AM
End Time : 5:00 PM
Friday
Start Time : 9:00 AM
End Time : 5:00 PM
Saturday
Start Time : None
End Time : None
Sunday
Start Time : None
End Time : None
Patients :
Do you accept new patients at this practice location? : Yes
Do you accept existing patients with change of payor at this location? : Yes
Do you accept all new patients at this location? : No
Do you accept new Medicare patients at this location? : Yes
Do you accept new Medicaid patients at this location? : Yes

Do you accept new CHIP patients at this location? **Yes**

Do you accept new patients from physician referrals (i.e., referring letter) at this location? **Yes**

Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.

What questions should we ask a patient, to help determine the appropriateness of the referral?

Does this information vary by health plan ? **No**

Colleagues :

Do you have any Partners/Associate at this location ?

Covering Colleagues :

Mid-Level Practitioners :

Do you have any mid-level practitioners at this location? **No**

Office Manager or Business Staff Contact :

First Name : **Bridgette**

Last Name :

Bridgette

Middle Name :

Suffix :

Phone Number : **734-728-3446**

Fax Number :

734-589-6994

E-mail Address : **Brandyb@purepsychmi.com**

Is Office Manager Credentialing Contact : **Yes**

Billing Contact :

Office Manager & Billing Contact are same ?

Payment and Remittance :

Billing department name :

Check Payable to :

Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

Practice Limitations and Patient Populations :

Are there any Practice Limitations ? **No**

Gender Limitations :

Are there any Age Limitations? :

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ? **Yes**

Does this office provide handicapped accessibility ? **Yes**

Please specify how this location meets handicapped accessibility requirements:

Exterior Building **Yes**

Interior Building **Yes**

Wheelchair access to exam room **Yes**

Exam table/scale/chair **No**

Gurneys & Stretchers **No**

Portable Lifts **No**

Radiologic Equipment **No**

Signage & documents **No**

Parking **Yes**

Restroom **Yes**

Other Handicapped Access :

Does this office have other services for the disabled ? **Yes**

Please specify other services for the disabled:

Text Telephony (TTL) : **Yes**

American Sign Language : **No**

Mental/Physical Impairment Services : **Yes**

Other Disability Services :

Is this office accessible by public transportation ? **Yes**

Please specify how this office is accessible by public transportation:

Bus Transportation: **Yes**

Subway : **No**

Regional Train : **No**

Other Transportation :		uber, lift, cab	
Does this Location Provide Child Care Services?		No	
Does this office meet all state and local fire, safety and sanitation requirements?		Yes	
Do you have TDD(hearing impaired device) available :		Yes	
Do you accept Workers' Compensation Patients?		No	
Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy?		No	
Modified or alternative duty is actively evaluated for each Workers' Compensation claimant?		No	
Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible		No	
Staff are available and willing to provide compensation representatives information regarding a claimant's care.		No	
Telehealth :			
I provide telehealth services at this location:		Yes	
Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?		Yes	
Telehealth Service Type:			
Audio :	No	Audio/Video :	Yes
Online Adaptive Interviews :	No	Secure Text Messaging :	No
Remote Monitoring :	No	Store-and-Forward :	No
Are you willing and able to support family caregivers?		Yes	
Services :			
Does this location provide any of the following services:			
Laboratory Services? :	No	Accrediting/Certifying Program :	
Radiology Services :	No	X-ray?	No
X-Ray Certification Type :		EKG Services?	No
Care of Minor Lacerations?	No	Pulmonary Function testing?	No
Allergy Injections :	No	Allergy Skin Testing :	No
Office Gynecology?	No		
Drawing Blood?	No		
Asthma Treatment?	No	Age Appropriate Immunizations?	No
Flexible Sigmoidoscopy?	No	Tympanometry/Audiometry Screening?	No
		IV Hydration treatment?	No
Osteopathic Manipulation?	No	Physical Therapy?	No
Cardiac Stress Test?	No		
Treadmill?			
Is anesthesia administered in your office ?	No	What class/category of anesthesia is used ?	
Anesthesia Administered by First Name :		Anesthesia Administered by Last Name :	
Other Services :			
Special Skills By The Practitioner :		Special Skills By The Staff :	
Non-English language spoken by office personnel :			
Employee Type :			
Do you have any interpreters at this location?	No		
General Information :			
Confirmed Date :	9/22/2025		
Office Type :	Other Practice	Providers's Start Date :	8/1/2025
Do you practice at this location?:	Yes, I practice at this location		
Please Explain:	I see patients by appointment at least one day per week on a regular basis		
Provider Directory Classification :			
Specialty :	Counselor, Mental Health	Subspecialty :	
Will you continue to practice at this location			
Type of Service provided :			
Provide a narrative description of your clinical practice including special interests :			
Practice Name :	Pure Psychiatry of Michigan, PLLC		
Street 1 :	650 E Big Beaver Rd Ste C		

Street 2 :		Country :		United States	
City :		State :		MI	
County :		Province :			
Zip Code :		Email Address :			
Can general correspondence be sent to this location?		Practice Location Website			
Appointment Scheduling Website					
Mailing Address :					
Street1 :		Street2 :			
City :		State :			
County :		Province :			
Country :		Zip Code :			
Type of Practice :					
Do you have an organization (Type 2) NPI? :		Organization (Type 2) NPI :		1831701671	
Group Medicaid Number :		Group Medicare Number :			
Phone Numbers :					
Appointment Phone Number :		Phone Extention :			
Fax Number :					
Back Office Phone Number :					
Phone Coverage :					
Does this location provide 24hour/7day a week phone coverage?:					
Phone Coverage Type :					
Tax Information :					
Practice Name as it appears on the W-9 :					
Tax ID :		Type of Tax ID :		Group	
Is this the primary Tax ID for this practice location?					
Group Name :					
Network Denial :					
Have you closed your practice to any plans or programs ?		No			
Office Hours :					
Monday					
Start Time :		End Time :		5:00 PM	
8:00 AM					
Tuesday					
Start Time :		End Time :		5:00 PM	
8:00 AM					
Wednesday					
Start Time :		End Time :		5:00 PM	
8:00 AM					
Thursday					
Start Time :		End Time :		5:00 PM	
8:00 AM					
Friday					
Start Time :		End Time :		5:00 PM	
8:00 AM					
Saturday					
Start Time :		End Time :		None	
None					
Sunday					
Start Time :		End Time :		None	
None					
Patients :					
Do you accept new patients at this practice location?		Yes			
Do you accept existing patients with change of payor at this location?		Yes			
Do you accept all new patients at this location?		Yes			
Do you accept new Medicare patients at this location?		Yes			
Do you accept new Medicaid patients at this location?		Yes			
Do you accept new CHIP patients at this location?		Yes			
Do you accept new patients from physician referrals (i.e., referring letter) at this location?		Yes			

Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.

What questions should we ask a patient, to help determine the appropriateness of the referral?

Does this information vary by health plan ? **No**

Colleagues :

Do you have any Partners/Associate at this location ?

Covering Colleagues :

Mid-Level Practitioners :

Do you have any mid-level practitioners at this location?

Office Manager or Business Staff Contact :

First Name : **Bridgette**

Last Name :

Trader

Middle Name :

Suffix :

Phone Number :

Fax Number :

E-mail Address : bridgettet@purespsychmi.com

Is Office Manager Credentialing

Contact :

Billing Contact :

Office Manager & Billing Contact are same ?

Payment and Remittance :

Billing department name :

Check Payable to :

Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

Practice Limitations and Patient Populations :

Are there any Practice Limitations ? **No**

Gender Limitations :

Are there any Age Limitations? :

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ?

No

Does this office provide handicapped accessibility ?

No

Please specify how this location meets handicapped accessibility requirements:

Exterior Building No

Interior Building No

Wheelchair access to exam room No

Exam table/scale/chair No

Gurneys & Stretchers No

Portable Lifts No

Radiologic Equipment No

Signage & documents No

Parking No

Restroom No

Other Handicapped Access :

Does this office have other services for the disabled ?

No

Please specify other services for the disabled:

Text Telephony (TTL) : No

American Sign Language : No

Mental/Physical Impairment Services : No

Other Disability Services :

Is this office accessible by public transportation ?

No

Please specify how this office is accessible by public transportation:

Bus Transportation: No

Subway : No

Regional Train : No

Other Transportation :

Does this Location Provide Child Care Services? No

Does this office meet all state and local fire, safety and sanitation requirements? No

Do you have TDD(hearing impaired device) available : No

Do you accept Workers' Compensation Patients? No

Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy? No

Modified or alternative duty is actively evaluated for each Workers' Compensation claimant? No

Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible? No

Staff are available and willing to provide compensation representatives information regarding a claimant's care. No

Telehealth :

I provide telehealth services at this location:

Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?

Telehealth Service Type:

Audio :	No	Audio/Video :	No
Online Adaptive Interviews :	No	Secure Text Messaging :	No
Remote Monitoring :	No	Store-and-Forward :	No
Are you willing and able to support family caregivers?	No		

Services :

Does this location provide any of the following services:

Laboratory Services? :	No	Accrediting/Certifying Program :	
Radiology Services :	No	X-ray?	No
X-Ray Certification Type :		EKG Services?	No
Care of Minor Lacerations?	No	Pulmonary Function testing?	No
Allergy Injections :	No	Allergy Skin Testing :	No
Office Gynecology?	No		
Drawing Blood?	No		
Asthma Treatment?	No	Age Appropriate Immunizations?	No
Flexible Sigmoidoscopy?	No	Tympanometry/Audiometry Screening?	No
		IV Hydration treatment?	No
Osteopathic Manipulation?	No	Physical Therapy?	No
Cardiac Stress Test?	No		
Treadmill?			
Is anesthesia administered in your office ?	No	What class/category of anesthesia is used ?	
Anesthesia Administered by First Name :		Anesthesia Administered by Last Name :	
Other Services :			
Special Skills By The Practitioner : Non-English language spoken by office personnel :		Special Skills By The Staff :	
Employee Type :			
Do you have any interpreters at this location?	No		

General Information :

Confirmed Date :	9/22/2025		
Office Type :	Other Practice	Providers's Start Date :	9/1/2025
Do you practice at this location?:	Yes, I practice at this location		
Please Explain:	I see patients by appointment at least one day per week on a regular basis		
Provider Directory Classification :			
Specialty :	Counselor, Mental Health	Subspecialty :	
Will you continue to practice at this location			
Type of Service provided :			
Provide a narrative description of your clinical practice including special interests :			
Practice Name :	Pure Psychiatry of Michigan, PLLC		
Street 1 :	29600 Northwestern Hwy Ste 100		
Street 2 :		Country :	United States
City :	Southfield	State :	MI
County :		Province :	
Zip Code :	48034-1016	Email Address :	

Can general correspondence be sent to this location?		Practice Location Website	
Appointment Scheduling Website			
Mailing Address :			
Street1 :		Street2 :	
City :		State :	
County :		Province :	
Country :		Zip Code :	
Type of Practice :			
Do you have an organization (Type 2) NPI? :	Yes	Organization (Type 2) NPI :	1831701671
Group Medicaid Number :		Group Medicare Number :	
Phone Numbers :			
Appointment Phone Number :	248-838-3370	Phone Extention :	
Fax Number :			
Back Office Phone Number :			
Phone Coverage :			
Does this location provide 24hour/7day a week phone coverage?:			
Phone Coverage Type :			
Tax Information :			
Practice Name as it appears on the W-9 :			
Tax ID :	852229929	Type of Tax ID :	Group
Is this the primary Tax ID for this practice location?	Yes		
Group Name :			
Network Denial :			
Have you closed your practice to any plans or programs ?	No		
Office Hours :			
Monday			
Start Time :	8:30 AM	End Time :	5:00 PM
Tuesday			
Start Time :	8:30 AM	End Time :	5:00 PM
Wednesday			
Start Time :	8:30 AM	End Time :	5:00 PM
Thursday			
Start Time :	8:30 AM	End Time :	5:00 PM
Friday			
Start Time :	8:30 AM	End Time :	5:00 PM
Saturday			
Start Time :	None	End Time :	None
Sunday			
Start Time :	None	End Time :	None
Patients :			
Do you accept new patients at this practice location?	Yes		
Do you accept existing patients with change of payor at this location?	Yes		
Do you accept all new patients at this location?	Yes		
Do you accept new Medicare patients at this location?	Yes		
Do you accept new Medicaid patients at this location?	Yes		
Do you accept new CHIP patients at this location?	Yes		
Do you accept new patients from physician referrals (i.e., referring letter) at this location?	Yes		
Under what circumstances do you accept referrals? (i.e., letter from another physician, etc.			
What questions should we ask a patient, to help determine the appropriateness of the referral?			

Does this information vary by health plan ? **No**

Colleagues :

Do you have any Partners/Associate at this location ?

Covering Colleagues :

Mid-Level Practitioners :

Do you have any mid-level practitioners at this location?

Office Manager or Business Staff Contact :

First Name : **Bridgette**

Last Name :

Trader

Middle Name :

Suffix :

Phone Number :

Fax Number :

E-mail Address : bridgettet@purespsychmi.com

Is Office Manager Credentialing

Contact :

Billing Contact :

Office Manager & Billing Contact are same ?

Payment and Remittance :

Billing department name :

Check Payable to :

Electronic billing capabilities ?

Office Manager & Payee Contact are same ?

Practice Limitations and Patient Populations :

Are there any Practice Limitations ? **No**

Gender Limitations :

Are there any Age Limitations? :

Only Native Americans:

Only Enrolled Students:

Other Limitations :

Accessibility :

Does this office meet ADA accessibility requirements ?

No

Does this office provide handicapped accessibility ?

No

Please specify how this location meets handicapped accessibility requirements:

Exterior Building No

Interior Building No

Wheelchair access to exam room No

Exam table/scale/chair No

Gurneys & Stretchers No

Portable Lifts No

Radiologic Equipment No

Signage & documents No

Parking No

Restroom No

Other Handicapped Access :

Does this office have other services for the disabled ?

No

Please specify other services for the disabled:

Text Telephony (TTL) : No

American Sign Language : No

Mental/Physical Impairment Services : No

Other Disability Services :

Is this office accessible by public transportation ?

No

Please specify how this office is accessible by public transportation:

Bus Transportation: No

Subway : No

Regional Train : No

Other Transportation :

Does this Location Provide Child Care Services? No

Does this office meet all state and local fire, safety and sanitation requirements? No

Do you have TDD(hearing impaired device) available : No

Do you accept Workers' Compensation Patients? No

Are staff trained in identification and care of patients with work-related illness/injury and provide care/services with an active return to work philosophy? No

Modified or alternative duty is actively evaluated for each Workers' Compensation claimant?	No
Office will accommodate urgent walk-ins (or non-urgent appointments within 48 hours) to treat injured or ill workers and facilitate their return to work, if possible	No
Staff are available and willing to provide compensation representatives information regarding a claimant's care.	No
Telehealth :	
I provide telehealth services at this location:	Yes
Do you use a telehealth application or platform that is compliant with the Health Insurance Portability and Accountability Act (HIPAA)?	Yes
Telehealth Service Type:	
Audio :	No
Online Adaptive Interviews :	No
Remote Monitoring :	No
Are you willing and able to support family caregivers?	No
Services :	
Does this location provide any of the following services:	
Laboratory Services? :	No
Radiology Services :	No
X-Ray Certification Type :	
Care of Minor Lacerations?	No
Allergy Injections :	No
Office Gynecology?	No
Drawing Blood?	No
Asthma Treatment?	No
Flexible Sigmoidoscopy?	No
Osteopathic Manipulation?	No
Cardiac Stress Test?	No
Treadmill?	
Is anesthesia administered in your office ?	No
Anesthesia Administered by First Name :	
Other Services :	
Special Skills By The Practitioner :	
Non-English language spoken by office personnel :	
Employee Type :	
Do you have any interpreters at this location?	No
Audio/Video : Yes	
Secure Text Messaging :	No
Store-and-Forward :	No
Accrediting/Certifying Program :	
X-ray?	No
EKG Services?	No
Pulmonary Function testing?	No
Allergy Skin Testing :	No
Age Appropriate Immunizations?	No
Tympanometry/Audiometry Screening?	No
IV Hydration treatment?	No
Physical Therapy?	No
What class/category of anesthesia is used ?	
Anesthesia Administered by Last Name :	
Special Skills By The Staff :	

Archived Locations

***THERE IS NO DATA ON RECORD FOR THIS SECTION**

HOSPITAL AFFILIATIONS

General :	
Do you have admitting privileges at one or more hospitals?	No
Do you have an admitting arrangement where another provider admits for you?	No
Do you have any non-admitting hospital affiliations?	

CREDENTIALING INFORMATION

First Name :	Middle Name :
Last Name :	Street 1 :
Street 2 :	City :
State :	Zip Code :
Country :	Province :
Phone Number :	Fax Number :
Email Address :	
Primary Credentialing Contact :	
Location Type :	

INSURANCE INFORMATION

Policy Number :	AR379896
Covered Practice Locations :	Pure psychiatry of Michigan

Original Effective Date :	10/02/2024		
Current Effective Date :	10/02/2024		
Current Expiration Date :	10/02/2025		
Carrier/Self Insured Name :	Philadelphia Insurance Co		
Street 1 :	306 E Lancaster Ave	Street 2 :	
City :	Wynnewood	Province :	
State :	PA	Country :	
Zip Code :		Phone Number :	800-875-1911
Phone Extension :		Fax Number :	
Do you have unlimited coverage with this insurance carrier?	No		
Type of coverage :			
Amount of coverage per occurrence :	\$1,000,000.00	Amount of coverage aggregate :	\$3,000,000.00
If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage?	No		
Individual Coverage :	Yes		
Self-Insured?	Yes		

WORK HISTORY INFORMATION

Employment Information Record			
Practice/Employer Name :	Pure psychiatry of Michigan	Department :	
Street 1 :	34841 veterans Plaza	Street 2 :	
Country :	United States		
City :	Wayne	State :	MI
Province :		Zip Code :	48184
Phone Number :		Phone Extension :	
Fax Number :			
Start Date :	10/2024		
Is this your current employer?	Yes		
Practice/Employer Name :	All Well-Being Services	Department :	
Street 1 :	30555 Michigan Ave.	Street 2 :	
Country :	United States		
City :	Westland	State :	MI
Province :		Zip Code :	48186
Phone Number :		Phone Extension :	
Fax Number :			
Start Date :	11/2023		
Is this your current employer?	No		
End Date :	06/2024	Reason for departure :	Personal
Employment Gap Record :			
Start Date:	05/2017	End Date:	10/2023
Gap Explanation:	Other (please specify)	Reason:	Job not related to your profession,
Start Date:	05/2015	End Date:	05/2017
Gap Explanation:	Academic/Training leave		
Start Date:	08/2015	End Date:	04/2017
Gap Explanation:	Academic/Training leave		
Military :			
Are you currently on active military duty?	No	Are you currently in the Reserves or National Guard?	

REFERENCES INFORMATION

Provider Type : Licensed Master Social Worker			
First Name :	Meghan	Middle Name :	
Last Name :	Parsons		
Street 1 :	30555 Michigan	Street 2 :	
City:	Wayne	State :	MI
Province :	WAYne County	Zip Code :	48184
Country :	United States	Email Address :	mParsons@awbs.org
Phone Number :	173-462-9500		
Fax Number :			
Provider Type : Clinical Social Worker			
First Name :	Robert	Middle Name :	
Last Name :	Sims		
Street 1 :	35425 Michigan ave., Community Living Center	Street 2 :	
City:	Wayne	State :	MI

Province :	Wayne County	Zip Code :	48184
Country :	United States	Email Address :	ltriggs27@gmail.com
Phone Number :	734-467-7600		
Fax Number :			

DISCLOSURE INFORMATION**CAQH :****Licensure :**

1. Has your license, registration or certification to practice in your profession ever been voluntarily or involuntarily relinquished, denied, suspended, revoked, restricted, or have you ever been subject to a fine, reprimand, consent order, probation or any conditions or limitations by any state or professional licensing, registration or certification board? **No**
2. Has there been any challenge to your licensure, registration or certification? **No**

Hospital Privileges and Other Affiliations :

3. Have your clinical privileges or medical staff membership at any hospital or healthcare institution, voluntarily or involuntarily, ever been denied, suspended, revoked, restricted, denied renewal or subject to probationary or to other disciplinary conditions (for reasons other than non-completion of medical record when quality of care was not adversely affected) or have proceedings toward any of those ends been instituted or recommended by any hospital or healthcare institution, medical staff or committee, or governing board? **No**
4. Have you voluntarily or involuntarily surrendered, limited your privileges or not reapplied for privileges while under investigation? **No**
5. Have you ever been terminated for cause or not renewed for cause from participation, or been subject to any disciplinary action, by any managed care organizations (including HMOs, PPOs, or provider organizations such as IPAs, PHOs)? **No**

Education, Training and Board Certification :

6. Were you ever placed on probation, disciplined, formally reprimanded, suspended or asked to resign during an internship, residency, fellowship, preceptorship or other clinical education program? If you are currently in a training program, have you been placed on probation, disciplined, formally reprimanded, suspended or asked to resign? **No**
7. Have you ever, while under investigation or to avoid an investigation, voluntarily withdrawn or prematurely terminated your status as a student or employee in any internship, residency, fellowship, preceptorship, or other clinical education program? **No**
8. Have any of your board certifications or eligibility ever been revoked? **No**
9. Have you ever chosen not to re-certify or voluntarily surrendered your board certification(s) while under investigation? **No**

DEA or CDS :

10. Have your Federal DEA and/or State Controlled Dangerous Substances (CDS) certificate(s) or authorization(s) ever been challenged, denied, suspended, revoked, restricted, denied renewal, or voluntarily or involuntarily relinquished? **No**

Medicare, Medicaid or other Governmental Program Participation :

11. Have you ever been disciplined, excluded from, debarred, suspended, reprimanded, sanctioned, censured, disqualified or otherwise restricted in regard to participation in the Medicare or Medicaid program, or in regard to other federal or state governmental health care plans or programs? **No**

Other Sanctions or Investigations :

12. Are you currently the subject of an investigation by any hospital, licensing authority, DEA or CDS authorizing entities, education or training program, Medicare or Medicaid program, or any other private, federal or state health program or a defendant in any civil action that is reasonably related to your qualifications, competence, functions, or duties as a medical professional for alleged fraud, an act of violence, child abuse or a sexual offence or sexual misconduct? **No**
13. To your knowledge, has information pertaining to you ever been reported to the National Practitioner Data Bank or Healthcare Integrity and Protection Data Bank? **No**
14. Have you ever received sanctions from or are you currently the subject of investigation by any regulatory agencies (e.g., CLIA, OSHA, etc.)? **No**
15. Have you ever been convicted of, pled guilty to, pled nolo contendere to, sanctioned, reprimanded, restricted, disciplined or resigned in exchange for no investigation or adverse action within the last ten years for sexual harassment or other illegal misconduct? **No**
16. Are you currently being investigated or have you ever been sanctioned, reprimanded, or cautioned by a military hospital, facility, or agency, or voluntarily terminated or resigned while under investigation or in exchange for no investigation by a hospital or healthcare facility of any military agency? **No**

Professional Liability Insurance Information and Claims History :

17. Has your professional liability coverage ever been cancelled, restricted, declined or not renewed by the carrier based on your individual liability history? **No**
18. Have you ever been assessed a surcharge, or rated in a high-risk class for your specialty, by your professional liability insurance carrier, based on your individual liability history? **No**

Malpractice Claims History :

19. Have you had any professional liability actions (pending, settled, arbitrated, mediated or litigated) within the past 10 years? If yes, provide information for each case. **No**

Criminal/Civil History :

20. Have you ever been convicted of, pled guilty to, or pled nolo contendere to any felony? **No**
21. In the past ten years have you been convicted of, pled guilty to, or pled nolo contendere to any misdemeanor (excluding minor traffic violations) or been found liable or responsible for any civil offense that is reasonably related to your qualifications, competence, functions, or duties as a medical professional, or for fraud, an act of violence, child abuse or a sexual offence or sexual misconduct? **No**
22. Have you ever been court-martialed for actions related to your duties as a medical professional? **No**

Ability to Perform Job :

23. Are you currently engaged in the illegal use of drugs? (Currently means sufficiently recent to justify a reasonable belief that the use of drug may have an ongoing impact on one's ability to practice medicine. It is not limited to the day of, or within a matter of days or weeks before the date of application, rather that it has occurred recently enough to indicate the individual is actively engaged in such conduct. Illegal use of drugs refers to drugs whose possession or distribution is unlawful under the Controlled Substances Act, 21 U.S.C. 812.22. It does not include the use of a drug taken under supervision by a licensed health care professional, or other uses authorized by the controlled Substances Act or other provision of Federal law. The term does include, however, the unlawful use of prescription controlled substances.)

No
24. Do you use any chemical substances that would in any way impair or limit your ability to practice medicine and perform the functions of your job with reasonable skill and safety?

No
25. Do you have any reason to believe that you would pose a risk to the safety or well being of your patients?

No
26. Are you unable to perform the essential functions of a practitioner in your area of practice even with reasonable accommodation?

No