

CAQH Data Summary Date 12/15/2025

NELSON, CAROLYN D Clinical Social Worker

CAQH Provider ID : 16319199

Last Reattestation Date: 12/12/2025 2:42:38 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 1 :		Street 2 :	
City :		State :	
Country :		Province :	
County :		Zip Code :	

Primary Method of Contact

Primary E-mail Address :	carolynnelson315@gmail.com	Personal E-Mail Address :	
PMOC CC Email1 :		PMOC CC Email2 :	

Phone Numbers

Home Phone :		Personal Cell Phone :	
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Personal Identification Numbers

Social Security Number :	368-82-7458	FNIN Country of Issue :	
Foreign National Identification Number :			
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	Birth Date :	
Race/Ethnicity :	Black or African American: African American	Birth City :	
Birth Date :	3/3/1963	Birth Country :	Detroit
Birth State :	MI		United States

Languages

Non-English languages spoken by provider :	
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PROFESSIONAL IDENTIFICATION NUMBERS

Professional License		Do you currently practice in this state?	Yes
License State :	MI	License Type :	CSW
License Number :	6851102099		
License Status :	Active	Expiration Date :	01/10/2026
Issue Date :	01/10/2024		

DEA Registration

Do you have a DEA Registration Certificate?	No
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Controlled Dangerous Substance (CDS) Registration

Do you have a CDS Registration Certificate?	No
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Medicare

Are you a participating Medicare provider?	No
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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	Fax Number :	
Phone Number :			
Degree :	Master of Social Work (MSW)	Professional School End Date :	05/2017
Professional School Start Date :	05/2015		
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 :		Does your board certification have an expiration date?	Yes
Initial Certification Date :	5/15/2017		
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 :	12/12/2025
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 :	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 :	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?			
Appointment Scheduling Website			
Mailing Address :			
Street1 :			
City :			
County :			
Country :			
Type of Practice :	Group/Single/Clinic	Street2 :	
Do you have an organization (Type 2 NPI?) :	Yes	State :	
Group Medicaid Number :			
Phone Numbers :			
Appointment Phone Number :	734-728-3446	Province :	
Fax Number :	734-589-6994	Zip Code :	
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	9:00 AM	End Time :	5:00 PM
Wednesday	9:00 AM	End Time :	5:00 PM
Thursday	9:00 AM	End Time :	5:00 PM
Friday	9:00 AM	End Time :	5:00 PM
Saturday	9:00 AM	End Time :	5:00 PM
Sunday	None	End Time :	None
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

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 : **Yes**

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 :

No

EKG Services?

No

Care of Minor Lacerations? :

No

Pulmonary Function testing?

No

Allergy Injections :

No

Allergy Skin Testing :

No

Office Gynecology?

No

Age Appropriate Immunizations?

Drawing Blood?

No

Tympanometry/Audiometry

Asthma Treatment?

No

Screening?

No

Flexible Sigmoidoscopy?

No

IV Hydration treatment?

No

Osteopathic Manipulation? :

No

Physical Therapy?

No

Cardiac Stress Test?

No

What class/category of anesthesia is used ?

Treadmill?

No

Anesthesia Administered by Last Name :

Is anesthesia administered in your office ?

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 :

12/12/2025

Office Type :

Other Practice

Providers 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 : **9333 N Haggerty Rd**

Country : **United States**

Street 2 :
City : **Plymouth**
County : **Wayne County**
Zip Code : **48170-4622**

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**

Street2 :
State :
Province :
Zip Code :

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**
Fax Number : **734-589-6994**

Phone Extention :

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 :
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 **Yes**
this location?

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

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 **No**
plan ?

Colleagues :

Do you have any Partners/Associate
at this location ?

Covering Colleagues :

Mid-Level Practitioners :

Do you have any mid-level **No**
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

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	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	Age Appropriate Immunizations?	No		
Asthma Treatment?	No	Tympanometry/Audiometry Screening?	No		
Flexible Sigmoidoscopy?	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 :					
Non-English language spoken by office personnel :					
Employee Type :					
Do you have any interpreters at this location?	No	Special Skills By The Staff :			
General Information :					
Confirmed Date :	12/12/2025				
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 :	Wixom	State :	MI
County :	Wayne County	Province :	
Zip Code :	48393-4733	Email Address :	
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 :	248-274-4560	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	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?

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

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	Age Appropriate Immunizations?	No
Asthma Treatment?	No	Tympanometry/Audiometry	No
Flexible Sigmoidoscopy?	No	Screening?	
Osteopathic Manipulation?	No	IV Hydration treatment?	No
Cardiac Stress Test?	No	Physical Therapy?	No

Treadmill?
 Is anesthesia administered in your office ?
 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 : 12/12/2025
 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
 Specialty : 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 : 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?

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 : **734-621-5277**

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

9:00 AM

End Time :

5:00 PM

Tuesday

9:00 AM

End Time :

5:00 PM

Wednesday

9:00 AM

End Time :

5:00 PM

Thursday

9:00 AM

End Time :

5:00 PM

Start Time :

9:00 AM

End Time :

5:00 PM

Friday

9:00 AM

End Time :

5:00 PM

Start Time :

9:00 AM

End Time :

5:00 PM

Saturday

None

End Time :

None

Sunday

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?
Do you accept all new patients at this location?

Yes

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 **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 : **Yes**

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?

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?

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 ?

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 : **12/12/2025**
 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 :
 Will you continue to practice at this location

Yes

Type of Service provided :

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

**Pure psychiatry of Michigan
5715 Bella Rosa Blvd Ste 200**

Practice Name :

Street 1 :

Street 2 :

City :

Clarkston

County :

Wayne County

Zip Code :

48348-4776

Can general correspondence be sent to this location?

Appointment Scheduling Website

Mailing Address :

Street1 :

Country :

United States

MI

State :

Province :

Email Address :

Practice Location Website

Street2 :

City :
 County :
 Country :
 Type of Practice : **Group/Single/Clinic**
 Do you have an organization (Type 2) **Yes**
 NPI? :
 Group Medicaid Number :
Phone Numbers :
 Appointment Phone Number : **248-657-4639**
 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?
 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

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?

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

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.

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**
 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 : **12/12/2025**
 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 : **5123 W St Joe Hwy Ste 205** Country : **United States**
 Street 2 :
 City : **Lansing** State : **MI**
 County : **Wayne County** Province :
 Zip Code : **48917-4028** Email Address :
 Can general correspondence be sent to this location? Practice Location Website

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 : **517-492-0611**

Phone Extension :

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 :

GroupIs 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

9:00 AM

End Time :

5:00 PM

Tuesday

9:00 AM

End Time :

5:00 PM

Wednesday

9:00 AM

End Time :

5:00 PM

Thursday

9:00 AM

End Time :

5:00 PM

Friday

9:00 AM

End Time :

5:00 PM

Saturday

9:00 AM

End Time :

5:00 PM

Sunday

None

End Time :

None

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 **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?
 Does this office meet all state and local fire, safety and sanitation requirements?
 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?
 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	Age Appropriate Immunizations? :	No
Drawing Blood? :	No	Tympanometry/Audiometry Screening? :	No
Asthma Treatment? :	No	IV Hydration treatment? :	No
Flexible Sigmoidoscopy? :	No	Physical Therapy? :	No

Osteopathic Manipulation? :	No	What class/category of anesthesia is used ? :	
Cardiac Stress Test? :	No	Anesthesia Administered by Last Name :	

Treadmill? :		Special Skills By The Staff :	
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		
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General Information :			
Confirmed Date :	12/12/2025		
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 :	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 :	

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 :	
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Phone Numbers :			
------------------------	--	--	--

Appointment Phone Number :	810-292-0557	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 : **Yes**

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?

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?

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

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.

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?

Services :

Audio/Video :

Secure Text Messaging :

Store-and-Forward :

Yes

No

No

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 :
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 :

12/12/2025

Office Type :

Other Practice

Providers's Start Date :

10/21/2024

Do you practice at this location?:

Yes, I practice at this location**I see patients by appointment at least one day per week on a regular basis**

Please Explain:

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 :

2755 Carpenter Rd Ste 3SE

Country :

United States

Street 2 :

Ann Arbor**MI**

City :

Wayne County

State :

County :

48108-1187

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 :

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? **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?

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

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

Do you accept Workers' Compensation Patients?

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?

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

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.

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

Services :

Does this location provide any of the following services:

Laboratory Services? :	No	Accrediting/Certifying Program :	Yes
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Radiology Services :	No	X-ray?	No
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X-Ray Certification Type :	No	EKG Services?	No
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Care of Minor Lacerations? :	No	Pulmonary Function testing?	No
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Allergy Injections :	No	Allergy Skin Testing :	No
Office Gynecology?	No	Age Appropriate Immunizations?	No
Drawing Blood?	No	Tympanometry/Audiometry	No
Asthma Treatment?	No	Screening?	
Flexible Sigmoidoscopy?	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 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 :	12/12/2025	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 :	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

9:00 AM

End Time :

5:00 PM

Tuesday

9:00 AM

End Time :

5:00 PM

Wednesday

9:00 AM

End Time :

5:00 PM

Thursday

9:00 AM

End Time :

5:00 PM

Friday

9:00 AM

End Time :

5:00 PM

Saturday

None

End Time :

None

Sunday

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

Yes

Contact :

Billing Contact :

Office Manager & Billing Contact are same ?

Check Payable to :

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?

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?

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.

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

Does this location provide any of the following services:

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

X-ray?

EKG Services?

Pulmonary Function testing?

Allergy Skin Testing :

Age Appropriate Immunizations?

Tympanometry/Audiometry

Screening?

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 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 :	12/12/2025	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 :	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?

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

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?

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?

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

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.

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	Age Appropriate Immunizations?	No
Asthma Treatment?	No	Tympanometry/Audiometry	No
Flexible Sigmoidoscopy?	No	Screening?	
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 :

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

Anesthesia Administered by Last

Name :

Special Skills By The Staff :

General Information :

Confirmed Date :

12/12/2025

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 :

Pure psychiatry of Michigan

375 Eureka Rd Ste B

Country :

United States

Street 1 :

Street 2 :

Wyandotte

State :

MI

City :

Wayne County

Province :

County :

48192-5839

Email Address :

Zip Code :

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)

Yes

Organization (Type 2) NPI :

1831701671

NPI? :

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

9:00 AM

End Time :

5:00 PM

Tuesday

9:00 AM

End Time :

5:00 PM

Wednesday

9:00 AM

End Time :

5:00 PM

Thursday

9:00 AM

End Time :

5:00 PM

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	Age Appropriate Immunizations?	No
Asthma Treatment?	No	Tympanometry/Audiometry Screening?	No
Flexible Sigmoidoscopy?	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 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 :

12/12/2025

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 :

Pure psychiatry of Michigan

1475 Ford Ave

Country :

United States

Street 1 :

Wyandotte

MI

Street 2 :

Wayne County

Province :

City :

48192-3825

Email Address :

County :

Practice Location Website

Zip Code :

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 :

734-258-8386

Phone Extention :

Fax Number :

734-258-8389

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 :

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

9:00 AM

End Time :

5:00 PM

Tuesday

9:00 AM

End Time :

5:00 PM

Wednesday

9:00 AM

End Time :

5:00 PM

Thursday

9:00 AM

End Time :

5:00 PM

Friday

9:00 AM

End Time :

5:00 PM

Start Time :

9:00 AM

End Time :

5:00 PM

Saturday

9:00 AM

End Time :

5:00 PM

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

Yes

Is this office accessible by public transportation ?

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 :

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

Age Appropriate Immunizations?

No

Asthma Treatment? :

No

Tympanometry/Audiometry

No

Flexible Sigmoidoscopy? :

No

Screening?

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 :

12/12/2025

Office Type :

Other Practice

Providers 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 :	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?			
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 :	734-751-8081	Phone Extension :	
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	9:00 AM	End Time :	5:00 PM
Wednesday	9:00 AM	End Time :	5:00 PM
Thursday	9:00 AM	End Time :	5:00 PM
Friday	9:00 AM	End Time :	5:00 PM
Saturday	9:00 AM	End Time :	5:00 PM
Sunday	None	End Time :	None
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

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 : **Yes**

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 :

No

EKG Services?

No

Care of Minor Lacerations? :

No

Pulmonary Function testing?

No

Allergy Injections :

No

Allergy Skin Testing :

No

Office Gynecology?

No

Age Appropriate Immunizations?

Drawing Blood?

No

Tympanometry/Audiometry

Asthma Treatment?

No

Screening?

No

Flexible Sigmoidoscopy?

No

IV Hydration treatment?

No

Osteopathic Manipulation? :

No

Physical Therapy?

No

Cardiac Stress Test?

No

What class/category of anesthesia is used ?

Treadmill?

No

Anesthesia Administered by Last Name :

Is anesthesia administered in your office ?

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 :

12/12/2025

Office Type :

Other Practice

Providers 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**

Country : **United States**

Street 2 :
City : **Adrian**
County : **Wayne County**
Zip Code : **49221-2735**

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**

Street2 :
State :
Province :
Zip Code :

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 **Yes**
this location?

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

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 **No**
plan ?

Colleagues :

Do you have any Partners/Associate
at this location ?

Covering Colleagues :

Mid-Level Practitioners :

Do you have any mid-level **No**
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

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	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	Age Appropriate Immunizations?	No		
Asthma Treatment?	No	Tympanometry/Audiometry Screening?	No		
Flexible Sigmoidoscopy?	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 :					
Non-English language spoken by office personnel :					
Employee Type :					
Do you have any interpreters at this location?	No	Special Skills By The Staff :			
General Information :					
Confirmed Date :	12/12/2025				
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 :	Counselor, Mental Health	Subspecialty :			
Specialty :					
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 :	9401 General Dr Ste J				

Street 2 :
 City : **Plymouth**
 County :
 Zip Code : **48170-4628**

Can general correspondence be sent to this location?

Appointment Scheduling Website

Mailing Address :

Street1 :
 City :
 County :
 Country :
 Type of Practice :

Do you have an organization (Type 2) **Yes**

NPI? :

Group Medicaid Number :

Phone Numbers :

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

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 ?

Country : **United States**
 State : **MI**
 Province :
 Email Address :
 Practice Location Website

Street2 :
 State :
 Province :
 Zip Code :

Organization (Type 2) NPI : **1831701671**

Group Medicare Number :

Phone Extention :

Office Hours :

Monday

Start Time : **8:00 AM** End Time : **5:00 PM**

Tuesday

Start Time : **8:00 AM** End Time : **5:00 PM**

Wednesday

Start Time : **8:00 AM** End Time : **5:00 PM**

Thursday

Start Time : **8:00 AM** End Time : **5:00 PM**

Friday

Start Time : **8:00 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? **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 : **bridgettetr@purepsychmi.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 : **No**

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	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?	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	Age Appropriate Immunizations?	No
Asthma Treatment?	No	Tympanometry/Audiometry	No
Flexible Sigmoidoscopy?	No	Screening?	
Osteopathic Manipulation?	No	IV Hydration treatment?	No
Cardiac Stress Test?	No	Physical Therapy?	No

Treadmill?
 Is anesthesia administered in your office ?
 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?

General Information :

Confirmed Date :	12/12/2025	Providers's Start Date :	8/1/2025
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	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 :

City : **Troy**

County :

Zip Code : **48083-1432**

Country : **United States**

State : **MI**

Province :

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) **Yes**

Organization (Type 2) NPI : **1831701671**

NPI? :

Group Medicaid Number :

Group Medicare Number :

Phone Numbers :

Appointment Phone Number : **313-292-7640**

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

8:00 AM

End Time :

5:00 PM

Tuesday

8:00 AM

End Time :

5:00 PM

Wednesday

8:00 AM

End Time :

5:00 PM

Thursday

8:00 AM

End Time :

5:00 PM

Start Time :

8:00 AM

End Time :

5:00 PM

Friday

8:00 AM

End Time :

5:00 PM

Start Time :

8:00 AM

End Time :

5:00 PM

Saturday

None

End Time :

None

Sunday

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 : bridgettetrader@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 : **No**

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 : **No**

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 : **No**

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

Treadmill?
 Is anesthesia administered in your office ?
 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 :	12/12/2025	Providers's Start Date :	9/1/2025
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 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 :
 City : **Southfield** Country : **United States**
 County :
 Zip Code : **48034-1016** State : **MI**
 Province :
 Email Address :
 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 :
 Do you have an organization (Type 2) **Yes** Organization (Type 2) NPI : **1831701671**
 NPI? : _____
 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 : **8:30 AM** End Time : **5:00 PM**
 Sunday Start Time : **None** End Time : **None**
 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**
 Middle Name :
 Phone Number :
 E-mail Address : bridgettet@purespsychmi.com

Last Name : **Trader**
 Suffix :
 Fax Number :

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 : **No**

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 : **No**

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 : **No**

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	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? **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
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		

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 :	Robin	Middle Name :	
Last Name :	Wright	Street 1 :	34841 VETERANS PLAZA
Street 2 :		City :	WAYNE
State :	MI	Zip Code :	48184
Country :	United States	Province :	
Phone Number :	747-208-4256	Fax Number :	
Email Address :	robin.wright@vanaarcm.com		
Primary Credentialing Contact :	Yes		
Location Type :			

INSURANCE INFORMATION

Policy Number :	P-IND4TBITD9IZI2-02		
Covered Practice Locations :			
Original Effective Date :	09/20/2025		
Current Effective Date :	09/20/2025		
Current Expiration Date :	09/20/2026		
Carrier/Self Insured Name :	Preferra Insurance Company Risk Retention Group		
Street 1 :	1200 East Glen Avenue	Street 2 :	

City : **Peoria Heights**
 State : **IL**
 Zip Code :
 Phone Extension :
 Do you have unlimited coverage with this insurance carrier? **No**
 Type of coverage :
 Amount of coverage per occurrence : **\$1,000,000.00**
 If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage?
 Individual Coverage : **Yes**
 Self-Insured? **No**
 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**
 City : **Wynnewood**
 State : **PA**
 Zip Code :
 Phone Extension :
 Do you have unlimited coverage with this insurance carrier? **No**
 Type of coverage :
 Amount of coverage per occurrence : **\$1,000,000.00**
 If you have changed your coverage within the last ten years, did you purchase tail and/or nose (prior occurrence/acts) coverage?
 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 2 :	
Street 1 :	30555 Michigan	State :	MI
City:	Wayne	Zip Code :	48184
Province :	WAyne County	Email Address :	mParsons@awbs.org
Country :	United States		
Phone Number :	173-462-9500		
Fax Number :			
Provider Type :	Clinical Social Worker		
First Name :	Robert	Middle Name :	
Last Name :	Sims	Street 2 :	
Street 1 :	35425 Michigan ave., Community Living Center	State :	MI
City:	Wayne	Zip Code :	48184
Province :	Wayne County	Email Address :	ltriggs27@gmail.com
Country :	United States		
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**