

Institute for Nursing Centers DIRECTORY FORM
2440 Woodlake Circle, Suite 100
Okemos, MI 48864
Fax: (517) 324-6098

** If you have more than one center, please fill out a separate form for each center*

Center Information

Name:
Mailing Address:

Phone: () -
Fax: () -
Web address:
Date center opened:

Center Director

Name:
Credentials:
Email address:
Phone: () -

Parent Organization (e.g. School of Nursing, Health System, Health Dept., other), if applicable

Name:
Mailing Address:

Phone: () -
Fax: () -
Web Address:

Center Demographic Information

- | | |
|--|---|
| <ul style="list-style-type: none">• Bill for services:<ul style="list-style-type: none"><input type="checkbox"/> Yes (if yes, respond to Health Coverage questions)<input type="checkbox"/> No (if no, respond to Health Coverage items only if you track this information)
• Health Coverage (estimates):<ul style="list-style-type: none">_____Percent Commercial Insurance_____Percent Government Insurance_____Percent uninsured
• Most recent year total center visits:

• Most recent year total unduplicated patients: _____ | <ul style="list-style-type: none">• Populations Served (Ages):<ul style="list-style-type: none">_____Children_____Adolescent_____Adults_____Elderly/older adults_____All of the above
• Services Provided<ul style="list-style-type: none"><input type="checkbox"/> Primary Care<input type="checkbox"/> Other than primary care• If other services are provided, please list: _____

_____ |
|--|---|

Additional Comments:

Staff Use Only

Updated on : ___/___/____