

Online Directory Update Form

Organization Name:

Contact:

Contact Title:

Phone:

Fax:

Email:

Website:

Address:

Services Provided:

- | | | |
|--|---|---|
| <input type="checkbox"/> Acupuncture | <input type="checkbox"/> Hearing Impairment Assistance | <input type="checkbox"/> Pain Management |
| <input type="checkbox"/> Alcohol-Drug Counseling | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Pediatric Care |
| <input type="checkbox"/> Alternative Therapies | <input type="checkbox"/> Life Care Planning | <input type="checkbox"/> Pharmaceuticals |
| <input type="checkbox"/> Behavior Intervention | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Physical Therapy |
| <input type="checkbox"/> Case Management and Care Coordination | <input type="checkbox"/> Medical/Adaptive Equipment Suppliers | <input type="checkbox"/> Psychiatry |
| <input type="checkbox"/> Cognitive Rehabilitation Therapy | <input type="checkbox"/> Neuro-Optometric Rehabilitation | <input type="checkbox"/> Rehabilitation Nursing |
| <input type="checkbox"/> Concussion Care | <input type="checkbox"/> Neuropsychiatry | <input type="checkbox"/> Respirator Dependency Assistance |
| <input type="checkbox"/> Coma Management | <input type="checkbox"/> Neuropsychology | <input type="checkbox"/> Respiratory Therapy |
| <input type="checkbox"/> Community Re-entry | <input type="checkbox"/> Neurosurgery | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Counseling and Psychological Services | <input type="checkbox"/> Nutrition and Dietary Management | <input type="checkbox"/> Speech-Language Therapy |
| <input type="checkbox"/> Driver Education and Training | <input type="checkbox"/> Occupational Therapy | <input type="checkbox"/> Therapeutic Recreation |
| <input type="checkbox"/> Expert Witness | <input type="checkbox"/> Optometry | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Headache Management | <input type="checkbox"/> Orthotics or Prosthetics | <input type="checkbox"/> Visual Impairment Assistance |
| | | <input type="checkbox"/> Vocational Rehabilitation |

Program Type:

- | | | |
|--|--|---|
| <input type="checkbox"/> Community-Based Program | <input type="checkbox"/> Inpatient Rehabilitation | <input type="checkbox"/> Skilled Nursing Facility |
| <input type="checkbox"/> Day Treatment | <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Supervised Living |
| <input type="checkbox"/> Education | <input type="checkbox"/> Medical Inpatient | <input type="checkbox"/> Subacute Rehabilitation |
| <input type="checkbox"/> Family Living | <input type="checkbox"/> Outpatient Rehabilitation | <input type="checkbox"/> Supported Independent Living |
| <input type="checkbox"/> Group Living | <input type="checkbox"/> Respite Care | <input type="checkbox"/> Transitional Living |
| <input type="checkbox"/> Home Health Agency | <input type="checkbox"/> Recreation Program | |
| <input type="checkbox"/> Independent Living | <input type="checkbox"/> School Advocacy | |

Payment Accepted:

- | | |
|---|---|
| <input type="checkbox"/> Private Insurance | <input type="checkbox"/> HMO or PPO |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> In-State Medical |
| <input type="checkbox"/> Auto No-Fault | <input type="checkbox"/> Workers Comp |
| <input type="checkbox"/> Self-Pay | <input type="checkbox"/> Out-of-State Medical |
| <input type="checkbox"/> Government Funding | |

Accreditations:

- | |
|---|
| <input type="checkbox"/> JCAHO |
| <input type="checkbox"/> CARF |
| <input type="checkbox"/> CBIS Certified Employees |

Program Description:

Provide a narrative description of your program/service limiting your description to 250 characters.