Corewell Health Grand Rapids Hospitals Rehabilitation Unit

Compassion. Collaboration.
Clarity. Curiosity. Courage.

Corewell Health™

Corewell Health Grand Rapids Hospitals Rehabilitation Unit

Corewell Health Grand Rapids Hospitals Rehabilitation Unit is located within Blodgett Hospital in East Grand Rapids. The unit provides rehabilitation for patients who are unable to return home safely, have both therapy and medical needs and require daily oversight by a physical medicine and rehabilitation physician.

Admission criteria

- Ability to participate in three hours of therapy per day, five days per week.
- Require multiple therapy disciplines (physical therapy, occupational therapy, speech-language pathology), at least one of which must be physical therapy or occupational therapy.
- Have a medical condition that requires daily physician management, including patients who have suffered a stroke, brain injury, amputation, trauma, spinal cord injury, or burns.
- Goal of returning home or to the community.

Corewell Health Grand Rapids Hospitals Rehabilitation Unit

Blodgett Hospital
1840 Wealthy St. SE
Grand Rapids, MI 49506

616.774.5300 Phone
616.486.3049 Fax

This rehabilitation unit is accredited by CARF™, the Commission on Accreditation of Rehabilitation Facilities, with specialty program accreditation in brain injury, stroke and amputation.

Compassion

Your rehabilitation care team consists of doctors, nurses, therapists, social workers and others. We are committed to learning about you and your specific goals. In keeping with our goal to heal the whole person, we provide a comprehensive approach to address your physical, emotional, psychological and social well-being. Everything we do in our patient setting is designed to help you heal.

Collaboration

Your rehabilitation care team will work with you and your family to guide you on your personalized road to recovery. Your rehabilitation journey may also continue after your inpatient program. Our organization provides a full continuum of care, offering seamless transition to outpatient and in-home rehabilitation, as well as connecting you to specialists and community support groups to meet your specific needs.

Curiosity

Our specialized equipment will help you build physical strength, while our interactive technology provides a unique and fun way to engage your mind. Your team will ask questions and help find the perfect tools and activities to support your healing and recovery.

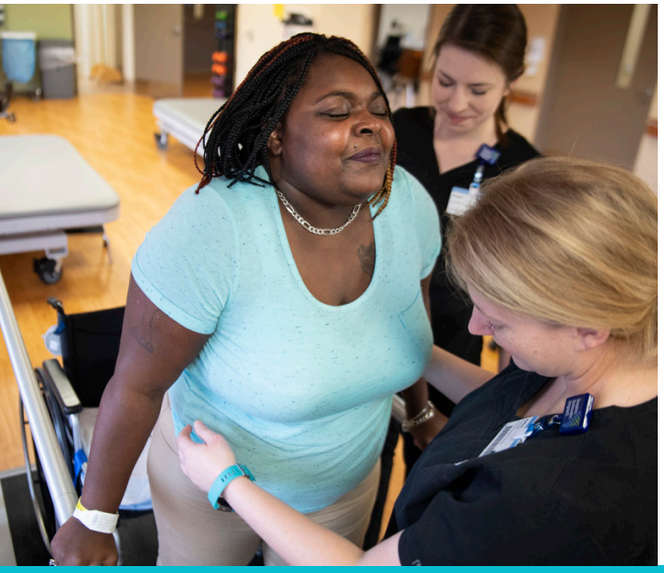
Courage

Inspiration for your rehabilitation comes in many forms—from planting flowers in our therapeutic garden to cooking a meal in our practice kitchen. We will help you to find the courage to try the things you love in new and creative ways. We will connect you with others who have been through similar experiences..

Clarity

Our goal is to communicate information about your care and provide education related to your diagnosis and recovery in a way that is clear and easy to understand. In order to ensure our team is working collaboratively with you and your support system, there must be clear communication delivered in a timely manner and in a way that best meets your needs. This may include in-person family meetings and training, phone conversations or virtual meetings. Our team is happy to answer any questions you have throughout your recovery, so please speak up.

We help you to know what to expect when the unexpected happens.



We believe collaborating with the patient and members of their support system in all aspects of care is critical to delivering exceptional rehabilitation.

Your rehab team may include specialized doctors, nurses, therapists (physical, speech, occupational, recreational), social workers, care management team members and neuropsychologists. This team will also support you with 24/7 medical management as well as expedient access to diagnostic imaging and testing as needed.

We also offer caregiver training that will provide hands-on training and education to those who may need to assist you after discharge. A sleeper sofa or guest cot is available for those who plan to stay overnight to support you during your stay.

Healing the whole person

Your care is highly personalized. By focusing on the things that are important to you, your personal rehabilitation program promotes both physical and mental healing during the emotional recovery journey.

Why choose our rehabilitation program?

Choosing the right rehabilitation facility is important to your recovery.

Our organization offers:

- A complete continuum of care-from hospital to home
- Clinical expertise in multiple specialties, including brain injury, stroke, cardiology, orthopedic, amputation and trauma
- Outcome results that are competitive with regional and national providers
- A multidisciplinary approach to care built around your individual needs
- Excellence in care as recognized by several prestigious accrediting organizations

Who we serve

We serve hundreds of patients per year, including those with intensive neurological, orthopedic and other rehab needs such as those due to:

- Stroke*
- Brain injury (traumatic and non-traumatic)*
- Amputation*
- Isolated or multiple trauma
- Orthopedic conditions
- Incomplete spinal cord injury or dysfunction
- Parkinson's disease
- Multiple sclerosis
- Guillain-Barré syndrome
- Left ventricular assist device (LVAD)
- Organ transplant (heart, lung, bone marrow)
- Burns

*Denotes CARF Accredited Specialty Program

Rehab technology

We are equipped with specialized technology designed to get you moving again, including:

Bioness® L300 Go and H200 Wireless Hand Rehabilitation System

Functional electrical stimulation used to activate the nerves and muscles to improve strength, circulation and range of motion in the leg and hand.

REAL® System Virtual Reality

The REAL System is an advanced rehabilitation technology that uses virtual reality (VR) to empower patients by engaging them in therapeutic and wellness activities.

Chattanooga Vectra Genisys®

Electrotherapy system used for muscle re-education, treatment for pain and joint range of motion.

BITS™ – Bioness® Integrated Therapy System

A therapy system used to assess and treat a patient's physical, visual, auditory and cognitive skills.

Ampcare Effective Swallow Protocol (ESP)

Neuromuscular electrical stimulation (NMES) combined with resistive swallowing exercises and postural strategies are used by Ampcare certified therapists to activate nerves and muscles of the mouth and throat to improve swallowing difficulties.

Rifton E-Pacer

This dynamic gait training device offers unweighting to support patients of all abilities in their effort to regain the ability to walk.

Rifton E-Pacer
gait training device

REAL® System Virtual Reality

Bioness H200 Wireless Hand Rehabilitation System

CARF-accredited specialized programs

Brain injury rehabilitation

Grand Rapids Hospitals Rehabilitation Unit is CARF accredited (Commission on Accreditation of Rehabilitation Facilities) as a Brain Injury Specialty Rehabilitation Program. Many team members have advanced training and expertise in brain injury including some who are Certified Brain Injury Specialists (CBIS) through the Brain Injury Association of America. The facility also features a small therapy gym that offers a low-stimulation treatment area to promote a healing environment for those recovering from brain injury.

Stroke rehabilitation

Our CARF-accredited Stroke Rehabilitation Program is focused on helping you overcome functional impairments related to stroke and develop new ways to accomplish everyday tasks. We use advanced technologies and therapeutic techniques proven in scientific research to help you relearn basic skills such as talking, eating, dressing and walking. Our goal is to help you gain independence, strength and confidence to return to the activities you love.

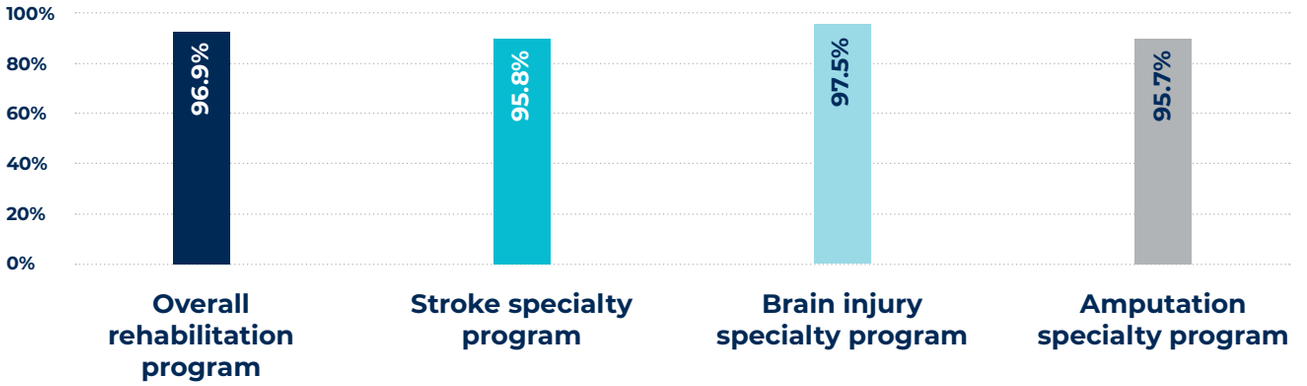
Amputation rehabilitation

Our CARF-accredited Amputation Specialty Rehabilitation Program not only addresses your physical rehabilitation needs, but also the emotional, psychological and social changes you may experience following limb loss. We make recommendations for modifications to your home and vehicle to meet your changing lifestyle needs. Opportunities to speak with others who have experienced limb loss are offered, including one-on-one visits with a Certified Peer Visitor and monthly “Limb Loss Meet-Up” or support group meetings provided by Corewell Health in collaboration with Hanger© Clinic.

An exceptional patient experience is our goal

With a commitment to continuous improvement of services, patient satisfaction is one of our top priorities.

Average satisfaction

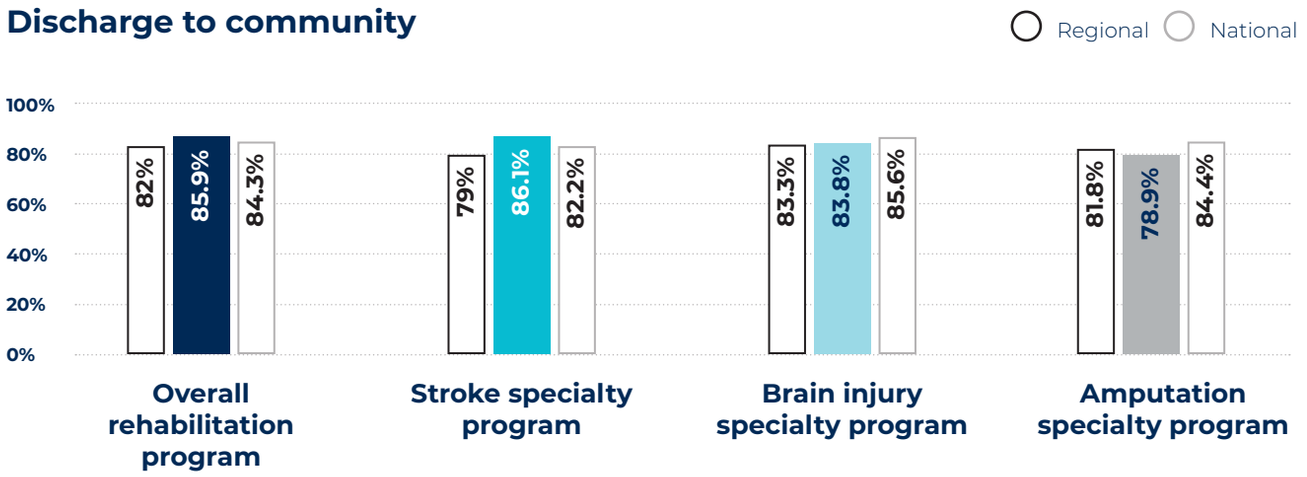


Average satisfaction includes ratings Very Satisfied and Somewhat Satisfied at 90-day post-discharge follow-up from MedTel Outcomes. Includes discharges between October 1, 2023 to September 30, 2024.

Getting you back to your community

We know how important it is for you to return home and get back to your community after rehabilitation. We track the percentage of patients in our rehabilitation program who are discharged back into their community and we compare it with regional and national averages. The outcomes data shows our rehabilitation program has a high rate of success in getting our patients back to the community.

Discharge to community



*eRehabData, discharges between Jan. 1, 2024, and Dec. 31, 2024.

Our rehabilitation team

Your family and friends aren't the only people rooting for your success. Our team takes your rehab seriously and works hard to see you succeed. We are committed and passionate about your recovery and have a genuine investment in your success. Your care team may include:

- Physicians
- Neuropsychologists
- Psychiatrists
- Nurses and nursing assistants
- Rehabilitation nurses
- Rehabilitation technicians
- Occupational therapists
- Physical therapists
- Speech-language pathologists
- Social workers
- Recreational therapists
- Dietitians
- Respiratory therapists
- Pastors
- Case managers
- Pharmacists

Our rehabilitation program is led by a passionate team of physicians, physician assistants and nurse practitioners who specialize in physical medicine and rehabilitation.

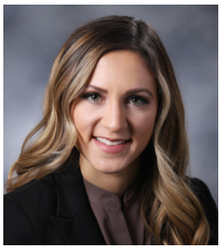
Aashish Deshpande, M.D., FAAPMR, is a board-certified physician specializing in physical medicine and rehabilitation and brain injury medicine. He is a fellow of the American Academy of Physical Medicine and Rehabilitation. Dr. Deshpande earned his medical degree from Wayne State University School of Medicine in Detroit. He completed a combined physical medicine and rehabilitation/neurology residency at Rehabilitation Institute of Michigan and Detroit Medical Center in Detroit. Dr. Deshpande's clinical interests include traumatic brain injury, sports medicine, workers' compensation and auto injuries, stroke, concussion, musculoskeletal injuries, spasticity with neurotoxin injections and headache management.

Patrick Mullan, D.O., is a physician specializing in physical medicine and rehabilitation (PM&R). Dr. Mullan earned his bachelor's degree in kinesiology and movement science at the University of Michigan-Ann Arbor. He earned his medical degree from Lake Erie College of Osteopathic Medicine in Erie, Pennsylvania. He completed his PM&R residency at the Baylor College of Medicine/University of Texas PM&R Alliance in Houston, Texas. Dr. Mullan's clinical interests include rehabilitation after major trauma, stroke, spinal cord injury, traumatic brain injury, musculoskeletal disease and other illnesses resulting in significant impairment and disability.

Christa Rector, M.D., is a physical medicine and rehabilitation physician. Dr. Rector earned her medical degree from Ross University School of Medicine in the Commonwealth of Dominica, West Indies. She completed her physical medicine and rehabilitation residency at Rehabilitation Institute of Michigan in Detroit. Dr. Rector's clinical interests include spine and musculoskeletal medicine.

Shastin Shull, M.D., is a physical medicine and rehabilitation physician. Dr. Shull earned her medical degree from Mayo Medical School in Rochester, Minnesota. She completed her physical medicine and rehabilitation residency at the University of Michigan in Ann Arbor. Her clinical interests include stroke, spinal cord injury, electrodiagnostic medicine (EDX), musculoskeletal medicine, spasticity management, cancer rehabilitation and amputee rehabilitation.

Dennis Suzara, D.O., is a physical medicine and rehabilitation specialist (physiatrist). Dr. Suzara earned his medical degree from Lake Erie College of Osteopathic Medicine in Erie, Pennsylvania. He completed his physical medicine and rehabilitation residency at Marianjoy Rehabilitation Hospital in Wheaton, Illinois. Dr. Suzara's clinical interests include musculoskeletal and stroke rehabilitation, electrodiagnostic medicine, prosthetics and amputee rehabilitation, sports medicine, trigger point injections, osteopathic manipulative treatment and spasticity management.



Jori Grit, NP, is a board-certified nurse practitioner. She earned her bachelor's degree in nursing from Oakland University in Detroit and her master of science in nursing–family nurse practitioner degree from Davenport University in Grand Rapids. Jori is a member of the American Association of Nurse Practitioners and Michigan Council of Nurse Practitioners. Her interests include pain management and rehabilitation along with family medicine.

Sarah Spraetz, PA-C, is a board-certified physician assistant. She earned her bachelor's degree in zoology from Miami University in Oxford Ohio and her master's degree in physician assistant studies from Wayne State University in Detroit. Sarah is a member of the American Academy of Physician Assistants and the Michigan Academy of Physician Assistants.

Angela Whitford, PA-C, is a board-certified physician assistant. Angela earned her bachelor's degree in science from the University of Michigan in Ann Arbor. She earned her master's degree in physician assistant studies from Central Michigan University in Mount Pleasant.

Amenities

Private rooms

Our patient rooms were designed with our patients' comfort and privacy in mind. Features include a privately accessible bathroom, recliner chair, television, telephone and free Wi-Fi access.

Therapy gardens

Several healing gardens provide space for patients and families to relax and find solace during their recovery journey. Our therapy garden offers accessible garden beds and adaptive gardening tools utilized during treatment sessions.

Therapy treatment areas

You can expect to spend a minimum of three hours in therapy per day, five to seven days per week. Our two dedicated therapy gyms, treatment rooms, simulation apartment, and recreation area with pool table are all designed to prepare you for a safe transition back into your community. The hospital gift shop, cafeteria and outdoor areas are also often utilized during treatment sessions. Our small gym offers a healing environment for patients who may be recovering from a diagnosis that requires a little more privacy or reduced stimulation.

Stories to inspire your personal rehab journey

Late one night as he sat on the edge of his bed, Tyrone Bell's hand began to tingle. The strange feeling spread from his fingertips up his arm.

"It's like it fell asleep, but I wasn't lying on it," he said. "I stood up to try to walk it off."

His left leg didn't seem to cooperate. His steps came awkwardly.

He realized he had seen someone walk like this before—his mother, after she had suffered a stroke.

Bell, 35, tried to call out to his roommate. "I was trying to say 'bro,' but I couldn't pronounce the 'R,'" he said. "I kept saying 'Bo. Bo, help me.'"

His roommate picked Bell up, threw him over his shoulder and carried him downstairs to his car. They headed to Corewell Health Grand Rapids Hospitals - Butterworth Hospital.

"I was scared, but I was so calm," Bell said. "I don't know why. I didn't freak out or panic or anything."

When Bell arrived at the Butterworth Hospital Emergency Department, he received the clot-busting drug tPA, said Nadeem Khan, M.D., a vascular neurology physician.

Bell had suffered a lacunar stroke, which occurs when blood flow to the small arteries in the brain is blocked. Lacunar strokes account for up to 20 percent of all strokes.

Even for those who suffer a lacunar stroke, research shows the clot-busting drug leads to improved outcomes in the long run, Dr. Khan said.

> **"Never, ever thought I would have a stroke"**
>
> **– Tyrone Bell**

Doctors give it to patients who are treated within 4.5 hours of experiencing a stroke.

Dr. Khan praised Bell's decision to seek help immediately after noticing his first symptoms, so he could receive the medication.

"I think that made a huge difference," Dr. Khan said. "A lot of time, patients see right-side weakness and they think they will sleep it off and it will get better.

"Time is brain," Dr. Khan said. "That's why we do a lot of patient education and family education on common signs and symptoms of a stroke."

Three days after Bell arrived at the emergency department, he transferred to the Inpatient Rehabilitation Center at Spectrum Health Blodgett Hospital (now Corewell Health).

On that first day in rehab, he wondered what was in store. He couldn't move his left leg or his left arm.

"I couldn't even hold myself up when I was sitting," he said.

He quickly impressed his therapists with his upbeat, determined attitude.

"I feel if I keep a positive attitude about it, I'm going to get better faster," Bell said.

In physical therapy he relearned how to move his leg, to stand and to walk. In occupational therapy he learned new ways to manage daily tasks with just his right arm, while also regaining function of his left arm.

"Every day I wake up, I feel stronger and stronger and I get more confident," he said.

Because Bell is younger than most stroke patients, his brain has greater neuroplasticity. It can rewire itself more readily, changing and adapting after an injury.

"I feel like the therapists make a big difference, too," Bell said. "If you've got good therapists, you'll recover well."

In occupational therapy, he performed exercises with his left arm. He swung the arm from the shoulder, trying to hit a target with his hand.

He also underwent electrical stimulation to boost his arm function and aid movements of his foot and leg as he walked.

> **"Every day I wake up, I feel stronger and stronger and I get more confident."**

"It feels so weird at first," he said. "But once you get used to it, you realize it's juicing your muscles."

He remains confident in his recovery.

"I feel pretty good about it," Bell said. "I've got a lot of love and support. That makes it easier, too."

Just 11 days after doctors amputated his right leg below the knee, Troy Hodge could walk again.

He took his first steps with help from a custom-fit, early postoperative prosthetic device.

The early prosthesis didn't serve as a permanent solution—it simply helped him get through the transition until his residual limb could heal enough for a standard prosthesis.

“It helps me get around better,” Hodge, 55, said. “I don’t have to hop everywhere. And I don’t have to have a wheelchair.”

The device works by grabbing hold of the leg above the incision site and distributing pressure around the limb's perimeter, rather than putting direct pressure on the incision.

Not every amputee is a good candidate for an early prosthesis. The device comes with some risk and, if used improperly, it can make matters worse.

But for those who qualify, an early device can give patients more independence and improve circulation to promote healing, said Jamie DuVerneay, program coordinator at the Grand Rapids Hospitals Rehabilitation Unit at Corewell Health Grand Rapids Hospitals - Blodgett Hospital.

Hodge fit the criteria perfectly.

Despite his diabetes, he's in good health and he has upper body strength—a must for someone learning to walk with a prosthesis. And thanks to surgery, his circulation and healing potential are also good.

Given these factors, Corewell Health vascular surgeon Justin Simmons, D.O., greenlighted the early prosthesis.

Hodge had come a long way from his home state of West Virginia, where he'd previously undergone 15 procedures to remove blood clots and treat blockages.

His severe pain made him seek help elsewhere, which led him to Remus, Michigan, where he stayed with relatives while he sought out a medical team that could help him.

He landed an appointment with Dr. Simmons, who diagnosed peripheral arterial disease caused by a hardening of the arteries.

> **“When I first started [inpatient rehab], I said, ‘I’m not going to go up there and lay around.’”**
>
> **– Troy Hodge**

Nicotine use and diabetes are the top two risk factors.

“He was a diabetic and he was still a smoker, although he was trying to cut back and was making headway,” Dr. Simmons said.

The doctor wasn’t sure he could eliminate Hodge’s pain, but he knew he had to try. By restoring blood flow to the foot, he could hopefully get the leg functioning and feeling normal again.

Corewell Health vascular surgeon Peter Wong, M.D., performed a peripheral artery bypass, which worked beautifully.

But Hodge's pain remained.

“It hurt 24 hours a day, seven days a week,” Hodge said.

The culprit? Nerve damage.

“The nerves have gone without blood for so long, and it just doesn’t ever recover, even once you restore blood flow,” Dr. Simmons said.

Pain management would normally follow, but in Hodge's case it was not an option.

Hodge and Dr. Simmons soon agreed on a last resort: amputation.

Dr. Simmons said he hates doing it, but in specific cases—uncontrollable pain or life-threatening infection—it's the best option.

Given the good blood flow in Hodge's leg, the doctor could do a below-knee amputation, which is better than above-knee because it improves the odds of walking with a prosthesis.

Following surgery, Hodge teamed with physical therapists at the Grand Rapids Hospitals Rehabilitation Unit

Their hard work led up to the day when he could don the temporary prosthesis and walk out of the rehab facility, with help from a single crutch.

"I'm pretty well used to it now, but it's still going to take time really to get moving in it because I'm new at it," Hodge said. "But it's working out great. I feel good."

Learn more about the rehabilitation unit and the benefits of the continuity of care you will receive choosing Corewell Health.

Learn more about high intensity gait training – an evidence-based rehabilitation intervention used in neuro rehabilitation, including our stroke and brain injury specialty programs.

Learn more about Larry Jackson's rehabilitation story.

Preparing for your stay

While you are with us, we will provide your bedding, toiletries, food and any assistive devices you may need, (e.g., wheelchair, walker, etc.). As you prepare for your stay with us, below are some suggestions about what to bring.

Clothing:

- Four to five sets of loose-fitting clothes that are easy to get off and on (consider elastic pants, V-neck and button shirts)
- Pajamas and undergarments, including socks, underwear and bras
- A pair of non-skid shoes that work well for exercising

Personal items:

- Hearing aids (plus batteries), glasses and/or dentures
- Bi-PAP or CPAP machine
- Any specialty toiletries that you may wish to use
- Cell phone and personal tablet (plus chargers)
- Guardianship or Power of Attorney paperwork

We encourage you to use your own home medical equipment (if you have it) during your stay with us. This is so you can adjust back to your normal routine with your equipment. If you have a specific assistive device (e.g., walker, wheelchair, reacher, sock aid, etc.) you are using at home, you are welcome to bring this with you. Our team members can evaluate how they are used. We suggest that you leave anything valuable at home.

What to expect during your stay

Admission assessments and your daily schedule

It is important for our rehabilitation team to understand where you are in your recovery once you arrive on our unit. These admission assessments completed by your interdisciplinary team members help to set your goals and determine how long you will benefit from inpatient rehabilitation.

Your nursing evaluation will occur on the day you arrive. The nurse will ask about your pain, check your skin and assess how much help you need with tasks such as:

- Getting in and out of bed
- Transferring to a bedside chair
- Getting up to use the bathroom
- Eating a meal or snack
- Bedtime activities including: brushing your teeth and changing your clothes

Therapy evaluations typically occur the day after you arrive. You will receive three hours of therapy per day, five days per week as well as a rest day and a light therapy day.

Your rehabilitation doctor, also called a physiatrist, will also evaluate you within the first 24 hours of your admission. A rehabilitation physician and/or advanced practice provider will visit you at least three times per week to discuss your goals, treatment progress, discharge plans, post-discharge care arrangements and address your questions or concerns. Please let your nurse know if you have a question for your provider at any time.

Your medical management is our top priority. Physician care is provided 24 hours a day, seven days a week and is a partnership between your rehabilitation doctor, advanced practice providers, nurses, nurse techs and therapists. In addition, there are internal medicine physicians and specialists available to help manage any complex medical needs. If a medical concern arises, rest assured that prompt medical testing, such as CT scans, MRIs, X-rays, ultrasound, EEGs are available around the clock without ever leaving Corewell Health Blodgett Hospital.

Your daily schedule will be posted on your white board each evening for the following day. Therapy times often vary day to day. Therapy sessions typically occur between 8 a.m. to 4 p.m. Abbreviations for the therapy disciplines will be posted on your schedule located on the white board, including:

- PT: Physical Therapy
- SLP: Speech Therapy (Speech & Language Pathology)
- OT: Occupational Therapy
- TR: Therapeutic Recreation

To be able to get you up and ready for breakfast by 7:15 a.m., the nursing team members will be in to help you get ready for the day between 6 to 7:15 a.m.

Your preferences, your comfort

Please let us know how we can make your stay more comfortable by sharing your preferences with us. This may be as simple as receiving a warm blanket or access to independent leisure supplies to have something enjoyable to do during your down time. Additionally, allow us to help you celebrate any special occasions occurring during your rehabilitation stay (birthday, anniversary) by notifying one of our team members.

Meals – ordering, options and mealtimes

Meals are typically served in patient rooms. If you prefer to be out of your room or dine with your guests, you are welcome to eat your meal in one of our patient and family lounges or The Commons.

Mealtimes are scheduled around therapy times.
Breakfast: 7:15 to 7:30 a.m. **Lunch:** 11:30 to 11:45 a.m. **Dinner:** 4:45 to 5 p.m.

To place your meal orders a nutrition services team member will visit your room each evening to take your order for the following day. If you prefer a dining time outside of the scheduled mealtimes, please talk with your nurse to ensure that your mealtime does not conflict with your therapy schedule.

Safety and fall prevention

Your safety is very important to us. A daily safety evaluation will be completed by your nurse to ensure appropriate steps are taken to keep you safe.

Our team will use a gait belt around your waist when transferring and walking with you and will remain in the bathroom if you are at risk for falling. Bed and chair alarms may also be used as a safety intervention.

How long will I need to be in rehab (length of stay)?

If you received an estimate for your length of stay during your hospitalization, please know this is subject to change. The rehab team will be able to provide an accurate discharge projection following the completion of admission evaluations (within 24 to 72 hours) based on your rehabilitation and medical needs.

Our goal is to confirm a date for your discharge at least three days in advance. This is to allow you and your support system time to receive training and prepare for your transition from rehab.

Guest accommodations and pet visitors

Your family and support system are an important part of your recovery journey. To ensure your comfort along with your guest's, we can comfortably accommodate one of your guests overnight. Upon request, a cot will be provided in your room. Interested in having your personal pet visit you? Ask your nurse for the "Pet Pass and Health Certificate form."

Free time opportunities and lounge areas

The Commons is a recreation space located on the rehabilitation unit that is equipped with a pool table, foosball, cards, jigsaw puzzles, magazines and much more. There is coffee and water for our guests in The Commons and the patient and family lounge located off the Center "C" Elevator upon arrival to the 4th floor.

When visiting other areas within Corewell Health Blodgett Hospital, please notify your nurse that you are leaving the rehabiliation unit with a loved one and be sure to sign out at the nurse's desk. There are four beautiful outdoor courtyards, a gift shop, chapel and cafeteria located on the 1st floor of the hospital.

To access the complimentary Wi-Fi in the hospital, sign onto the "CH-GUEST" network. Review and click "Accept" to the Corewell Health Patient and Guest Internet Acceptable Use Policy.

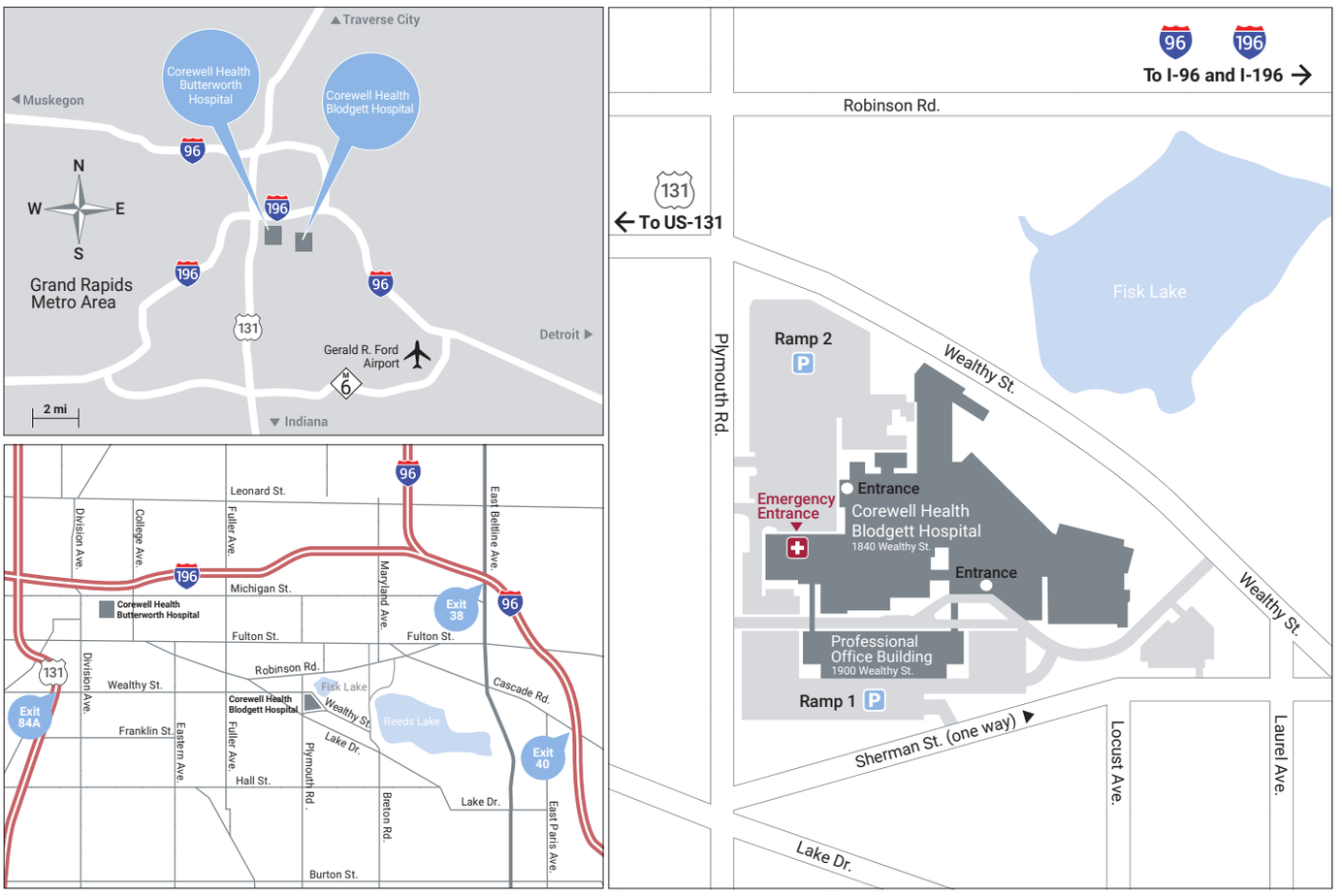
Insurance benefits for inpatient rehabilitation

Date:

Name/room	
Insurance name	
Copay	
Days	
Deductible remaining	
Out of pocket maximum remaining	
Other notes	
Authorization	☐ Required ☐ Not required

Benefits quoted above are for your individual insurance plan coverage. These quotes are accurate as of the date of this letter and may not reflect current responsibilities at admission to the inpatient rehabilitation unit, pending further costs accrued during the current hospital admission. For more detailed information regarding your benefits for your selected plan, please contact your insurance company directly.

Corewell Health Financial Counseling is available to discuss financial concerns by calling **844.838.3115**.



Directions

Coming from the North

1. Take US-131 to I-196 east.
2. Take I-196 east to Fuller Avenue (Exit 79).
3. Turn right onto Fuller Avenue NE.
4. Turn left (southeast) on Lake Drive SE.
5. Turn left (east) on Wealthy Street SE.

For visitor parking (Ramp 1):

6. Turn left (southeast) on Wealthy Street.
7. Turn right (west) at Blodgett Hospital sign to park and enter hospital.

For emergency or patient parking (Ramp 2):

6. Continue straight (south) at Wealthy Street.
7. Turn left (east) at Blodgett Hospital sign to park and enter hospital.

Coming from the South

1. Take US-131 to Wealthy Street (Exit 84A).
2. Turn right (east) onto Wealthy Street SE.

For visitor parking (Ramp 1):

3. Follow signs to Ramp 1.

For emergency or patient parking (Ramp 2):

3. Turn right (south) at Plymouth Road.
4. Turn left (east) into hospital at Ramp 2 sign.

Coming from the West

1. Take I-196 east to Fuller Avenue (Exit 79).
2. Turn right onto Fuller Avenue NE.
3. Turn left (southeast) on Lake Drive SE.
4. Turn left (east) on Wealthy Street SE.

For visitor parking (Ramp 1):

6. Turn left (southeast) on Wealthy Street.
7. Turn right (west) at Blodgett Hospital sign to park and enter hospital.

For emergency or patient parking (Ramp 2):

6. Continue straight (south) at Wealthy Street.
7. Turn left (east) into hospital at Ramp 2 sign.

Coming from the East

1. Take I-96 to Cascade Road (Exit 40).
2. Turn left (south) on Cascade Road.
3. Turn left (southwest) on Robinson Road.
4. Turn left (south) on Plymouth Road.

For visitor parking (Ramp 1):

5. Turn left (southeast) on Wealthy Street.
6. Turn right (west) at Blodgett Hospital sign to park and enter hospital.

For emergency or patient parking (Ramp 2):

5. Continue straight (south) at Wealthy Street.
6. Turn left (east) into hospital at Ramp 2 sign.

From Corewell Health Blodgett Hospital to Michigan Street in Grand Rapids*

1. Head west on Wealthy Street.
2. Turn slight right (northwest) on Lake Drive.
3. Turn right (north) on Fuller Avenue.
4. Turn left (west) onto Michigan Street.
5. Use the entry markers to find your building.

From Michigan Street in Grand Rapids to Corewell Health Blodgett Hospital

1. Head east on Michigan Street.
2. Turn right (south) on Fuller Avenue.
3. Turn left (east) on Lake Drive.
4. Turn slight left (southeast) at Wealthy Street.

* Michigan Street in Grand Rapids locations include Corewell Health Grand Rapids Hospitals - Butterworth Hospital, Helen DeVos Children's Hospital, Lemmen-Holton Cancer Pavilion and Fred and Lena Meijer Heart Center.

Visitor parking

Visitors and family members should park in Ramp 1 near the main hospital entrance located off Wealthy Street. The ramp accommodates vehicles up to seven feet tall.

Valet parking is available at both the main entrance and Ramp 2.

Emergency and patient parking

Patients receiving emergency or same-day care should park in Ramp 2 off Plymouth Road.

Parking after 8:30 p.m.

Park in Ramp 2 off Plymouth Road and use the emergency department entrance. Before 8:30 p.m. all entrances are open.

Corewell Health Grand Rapids Hospitals Rehabilitation Unit

Blodgett Hospital, Fourth Floor
1840 Wealthy St. SE
Grand Rapids, MI 49506

616.774.5300 Phone
616.486.3049 Fax

Corewell Health™