

Payer Name	Service(s)	Physician/Provider Services	Charge Per Day	Negotiated Rate Per Day	Self-Pay Per Day	High Comm'l Per Day	Low Comm'l Per Day
Aetna (DE)	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	400	250	660	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	250	175	425	175
Amerihealth (Magellan)	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	425	250	660	220
	Intensive Outpatient Program (all inclusive hospital services)	Included	850	265	175	425	175
Amerihealth Caritas	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	375	250	660	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	185	175	425	175
Care First Maryland BCBS	Partial Hospitalization Program (all inclusive hospital services)	Included	1100	350	250	660	220
	Intensive Outpatient Program (all inclusive hospital services)	Included	850	240	175	425	175
Cigna	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	383	250	660	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	230	175	425	175
Compsych	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	625	250	660	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	425	175	425	175
Federal BCBS through Highmark	Partial Hospitalization Program (all inclusive hospital services)	Included	1100	350	250	660	220
	Intensive Outpatient Program (all inclusive hospital services)	Included	850	240	175	425	175
First Health Group Corp.	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	400	250	660	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	250	175	425	175
Geisinger (Magellan)	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	425	250	660	220
	Intensive Outpatient Program (all inclusive hospital services)	Included	850	250	175	425	175
Highmark BCBS	Partial Hospitalization Program (all inclusive hospital services)	Included	1100	350	250	660	220
	Intensive Outpatient Program (all inclusive hospital services)	Included	850	240	175	425	175
Highmark Health Options	Partial Hospitalization Program (all inclusive hospital services)	Included	1100	350	375	660	220
	Intensive Outpatient Program (all inclusive hospital services)	Included	850	240	250	425	175
Humana	Partial Hospitalization Program (all inclusive hospital services)	Included	1100	475	250	660	220
	Intensive Outpatient Program (all inclusive hospital services)	Included	850	300	175	425	175
Independence BCBS (Magellan)	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	425	250	660	220
	Intensive Outpatient Program (all inclusive hospital services)	Included	850	250	175	425	175
Magellan	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	425	250	660	220
	Intensive Outpatient Program (all inclusive hospital services)	Included	850	250	175	425	175
MCCP (Medical Cost Containment Professionals)	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	220	250	660	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	\$94 / Group	175	425	175
MultiPlan	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	660	250	660	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	510	175	425	175
Optum	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	335	250	660	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	200	175	425	175