

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	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	356	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	224	175	595	125
American Behavioral Health	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	325	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	205	175	595	125
Beacon Health Options	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	278	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	155	175	595	125
Beacon Health Strategies	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	325	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	175	175	595	125
Blue Cross Blue Shield of Texas	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	325	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	205	175	595	125
CIGNA Behavioral Health of Texas	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	315	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	184	175	595	125
Claim Doc, LLC	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	238.54	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	\$103 / Group	175	595	125
Community Health Choice (Marketplace)	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	325	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	195	175	595	125
Community Health Choice (Medicaid)	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	300	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	195	175	595	125
Friday Health Plans	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	450	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	325	175	595	125
Humana / Lifesynch	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	331	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Included	850	174	175	595	125
Magellan Providers of Texas, Inc	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	350	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	213	175	595	125
Molina Healthcare of Texas, Inc (Marketplace)	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	184	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	\$79 / Group	175	595	125
Multiplan	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	700	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	595	175	595	125
Optum Network Services / UBH	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	292	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	193	175	595	125
Optum Network Services/ UBH (Medicaid)	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	278	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	184	175	595	125
Scott & White Health Plan	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	250	250	1063	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	185	175	1063	125
Superior Healthcare	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	307	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	125	175	595	125
Superior Healthcare (Medicaid)	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	225	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	150	175	595	125
Superior Healthcare (Medicare)	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	278	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	184	175	595	125
Texas Children's Health Plan	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	270	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	125	175	595	125
WellCare of Texas	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	315	250	700	239
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	\$79 / Group	175	595	125