

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 Commercial & Medicare	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	394	250	550	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	190	175	425	150
Anthem BCBS Commercial	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	385	250	550	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	250	175	425	150
Anthem Indiana Commercial (Intensive)	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	385	250	550	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	250	175	425	150
Anthem Indiana Commercial (Less Intensive)	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	361	250	550	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	185	175	425	150
Beacon Commercial	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	412	250	550	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	284	175	425	150
CareSource Healthy Exchange Marketplace	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	220	250	550	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	\$94 / Group	175	425	150
Cigna	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	386	250	550	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	256	175	425	150
Custom Design Benefits	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	257.01	250	550	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	\$110 / Group	175	425	150
Elite Health - Health Ohio Network	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	239	250	550	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	\$102 / Group	175	425	150
First Health	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	386	250	550	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	186	175	425	150
Humana	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	477	250	550	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	318	175	425	150
Med Ben	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	330.44	250	550	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	\$141 / Group	175	425	150
Medical Mutual of Ohio and Kentucky	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	515	250	550	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	247	175	425	150
Medical Mutual of Ohio and Kentucky (NASCO)	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	385	250	550	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	298	175	425	150
MultiPlan	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	550	250	550	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	425	175	425	150
United Healthcare Optum	Partial Hospitalization Program (all inclusive hospital services)	Not Included (billed separately)	1100	300	250	550	220
	Intensive Outpatient Program (all inclusive hospital services)	Not Included (billed separately)	850	150	175	425	150