

Agency may require referrals to attend a specific number of self-help meetings and/or participate in random urine testing. Also, some individual agencies may have additional treatment requirements.

BARNEGAT**PREFERRED BEHAVIORAL HEALTH (BARNEGAT - IOP) ***

848 WEST BAY AVENUE

(609) 660-0197 x8100

(609) 660-0132 (Fax)

Contact Person: LYNN BERK

Languages spoken: English Spanish

Time: MON-THURS 9-9; FRI 9-4; SAT 9-1

Levels of Care:OP; IOP

Insurance Accepted: MEDICAID/MEDICARE; SJI; NJSI; COUNTY GRANTS

Mailing Address

848 WEST BAY AVENUE

BARNEGAT NJ 08005

Cost:

Intake: \$60; UDS \$50

Assessment:

Individual:

Group: SELF PAY; SLIDING FEE

BAYVILLE**OCEAN MENTAL HEALTH ***

340 ROUTE 9

(848)-224-4897

(732) 349-3937 (Fax)

Contact Person: REENA JOHNSON

Languages spoken: English Spanish

Time: 8AM-9PM

Levels of Care:OP, IOP

Insurance Accepted: MEDICAID, BLUE CROSS/BLUE SHIELD, SELF PAY

Mailing Address

340 ROUTE 9

BAYVILLE NJ 08721

Cost:

Intake: \$160

Assessment:

Individual:

Group: LEVEL 1 \$26; IOP \$109

BRICK**IRON RECOVERY AND WELLNESS (BRICK) ***

35 BEAVERSON BLVD

BLDG 6 SUITE A

(732)-920-2700

(732) 262-0707 (Fax)

Contact Person: JESSICA AHEARN

Languages spoken: English

Time: MON-THURS 9AM-9PM; FRI 9AM-5PM

Levels of Care:OP, IOP, ASSESSMENT

Insurance Accepted: FFS, SELF-PAY, MEDICAID, SOME PRIVATE INS; SLIDING FEE

Mailing Address

35 BEAVERSON BLVD BLDG 6, SUITE A

BRICK NJ 08723

Cost:

Intake:

Assessment:

Individual:

Group:

LAKEWOOD**ADVANCED BEHAVIORAL CARE SERVICES, LLC**

501 PROSPECT STREET

BLDG 1A SUITE 8

(732) 961-9666 x21

(Fax)

Contact Person: MELISSA ANDREWS

Languages spoken: English

Time: IOP: M,W,TH-5:30PM-8:45PM. PARTIAL CARE 9AM-3:30PM

Levels of Care:IOP, OP, PARTIAL CARE

Insurance Accepted: MEDICAID,FFS NETWORK(DC, MAP, SJI),SELF,THRID PARY

Mailing Address

501 PROSPECT STREET BLDG 1A SUITE 8

LAKEWOOD NJ 08701

Cost:

Intake:

Assessment:

Individual:

Group: DRUG COURT; SOME COMMERCIAL

PREFERRED BEHAVIORAL HEALTH (LAKEWOOD) *

700 AIRPORT RD

(732)-367-4700 x7190

(732) 364-4190 (Fax)

Contact Person: MEGHAN EASTON

Languages spoken: English Spanish

Time: MON-THURS 9-9 FRI 9-5 SAT 9-1

Levels of Care:OP, IOP, PARTIAL CARE

Insurance Accepted: MEDICAID/MEDICARE; SJI; NJSI; COUNTY GRANTS

Mailing Address

PO BOX 2036

LAKEWOOD NJ 08701

Cost:

Intake: \$60; UDS \$50

Assessment:

Individual:

Group: SELF PAY; SLIDING FEE

Note: Fee coverage may be available under group/personal medical insurance policies. Sliding scale fees may be available at facility based on verifiable income.

* Denotes DUII

LANOKA HARBOR

AGAPE COUNSELING SERVICE(Lanoka Harbor)

815 US HIGHWAY 9

(609)-242-0086

(609) 242-0087 (Fax)

Contact Person: LYNETTE LEMING HOULE

Languages spoken: English Spanish

Time: MN, WED, THUR & FRI 3-10PM

Levels of Care:OP, IOP

Insurance Accepted: MEDICAID, CASH, MONEY ORDER, CREDIT
CARD/SELF PAY

Mailing Address

815 US HIGHWAY 9

LANOKA HARBOR NJ 08734

Cost:

Intake: FAMILY SESSION \$100

Assessment: \$150; LEVEL 1 \$30; UDS \$25

Individual: \$40; LEVEL 2 GROUP \$90

Group: SJI (NO PERSONAL CHECKS)

MANAHAWKIN

ACENDA (MANAHAWKIN) *

399 NORTH MAIN STREET

UNIT 1

(844)-422-3632 x2166

(732) 875-1091 (Fax)

Contact Person: SHAINA TINSLEY

Languages spoken: English

Time: MON/TUES 9-9:30; W 9-7:30; TH 9-9:10; FRI 9-5

Levels of Care:IOP, OP

Insurance Accepted: STATE INITIATIVES, SELF PAY, MEDICAID

Mailing Address

P O BOX 310

MENDHAM NJ 07945

Cost:

Intake: \$225

Assessment:

Individual: INDIV 30-44 MINS \$70; 45+ MINS \$125

Group: \$75; IOP \$125; UDS \$15

TOMS RIVER

INTEGRITY HOUSE, INC *

310 MAIN STREET

SUITE 3B

(732)-569-3736

(201) 604-5433 (Fax)

Contact Person: JESSICA KAUFMAN

Languages spoken: English

Time: Wed 9-5; Mon & Thurs 4-7

Levels of Care:OP; IOP; PC (BREATHALYZER \$4.50)

Insurance Accepted:

Mailing Address

310 MAIN STREET SUITE 3B

TOMS RIVER NJ 08753

Cost:

Intake: \$157.94; LEVEL 1 \$27.50; FAMILY \$113.94

Assessment: LEVEL 2 \$109.48; UDS \$2.50

Individual: \$90.26; MAP; COUNTY; SLIDING FEE

Group: \$24.75; PC \$70.48; UDS \$8; IOP \$98.53

IRON RECOVERY AND WELLNESS (TOMS RIVER) *

226 MAIN STREET

(732)-244-1600

(732) 349-5532 (Fax)

Contact Person: BRITNEY GARTNER

Languages spoken: English

Time: MON-THURS 9AM-9PM FRI 9AM-5PM SAT 8:30-12PM

Levels of Care:OP, IOP, ASSESSMENT

Insurance Accepted: FFS, SELF-PAY, MEDICAID, SOME PRIVATE
INS; SLIDING FEE

Mailing Address

226 MAIN STREET

TOMS RIVER NJ 08753

Cost:

Intake:

Assessment:

Individual:

Group:

PREFERRED BEHAVIORAL HEALTH (TOMS RIVER) *

1191 LAKEWOOD ROAD

(732)-323-3664 x6128

(Fax)

Contact Person: COLLEEN LANE

Languages spoken: English Spanish

Time: MON-THURS 9-9; FRI 9-4; SAT-BY APPOINTMENT

Levels of Care:OP; IOP

Insurance Accepted:

Mailing Address

1191 LAKEWOOD ROAD

TOMS RIVER NJ 08755

Cost:

Intake: \$60; UDS \$50

Assessment:

Individual:

Group: SELF PAY; SLIDING FEE

Note: Fee coverage may be available under group/personal medical insurance policies. Sliding scale fees may be available at facility based on verifiable income.

* Denotes DUII

THE COUNSELING CENTER

1198 LAKEWOOD ROAD

SUITE 102

(914)-319-9344

(Fax)

Contact Person: JAMES SANDS

Languages spoken:

Time: 9:00AM - 9:00PM

Levels of Care: IOP, OP, PARTIAL CARE

Insurance Accepted: SELF PAY AND PRIVATE INSURANCE

Mailing Address

1198 LAKEWOOD ROAD SUITE 102

TOMS RIVER NJ 08753

Cost:

Intake:

Assessment:

Individual:

Group: