

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: MARY PAT ANGELINI

Languages spoken: English

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

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, INC. dba BRIGHT HARBOR HEALTHCARE ***

340 ROUTE 9

(848)-224-4897

848-226-6057 (Fax)

Contact Person:

Languages spoken: English Spanish

Time: M-TH 9-9; FRI 9-5

Levels of Care:OP, IOP, MAT, DETOX

Insurance Accepted: MEDICAID, MEDICARE, PRIVATE INS, CASH

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)-244-1600

(732) 262-0707 (Fax)

Contact Person:

Languages spoken: English

Time: MON-FRI 9AM-5PM

Levels of Care:OP, IOP, ASSESSMENT

Insurance Accepted: FFS, SELF-PAY, MEDICAID, STORI; SLIDING FEE; MAP; DRUG COURT

Mailing Address

35 BEAVERSON BLVD BLDG 6, SUITE A

BRICK NJ 08723

Cost:

Intake:

Assessment:

Individual:

Group:

LAKWOOD**ADVANCED BEHAVIORAL CARE SERVICES, LLC**

501 PROSPECT STREET

BLDG 1A SUITE 8

(732)-691-5324

732-961-1125 (Fax)

Contact Person: MARISSA OR DON

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

LAKWOOD NJ 08701

Cost:

Intake:

Assessment: \$150

Individual:

Group: DRUG COURT; SOME COMMERCIAL

CREATIVE CHANGE COUNSELING

322 EAST 5TH STREET

(609)-686-0426

609-667-7944 (Fax)

Contact Person: JEROME ROBINSON

Languages spoken: English Spanish

Time: M-FRI 9-8:30

Levels of Care:OP, IOP, PC, CO-OCCURRING

Insurance Accepted: MEDICAID, SELF PAY, MEDICARE, SOME MAJOR INSURANCES

Mailing Address

950 SOUTH CHESTER AVENUE

DELRAN NJ 08075

Cost:

Intake: \$75

Assessment: UDS \$25

Individual: \$60

Group: \$28

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

PREFERRED BEHAVIORAL HEALTH (LAKEWOOD) *

700 AIRPORT RD

(732)-367-4700 x7186

(732) 364-4190 (Fax)

Contact Person: MARY PAT ANGELINI

Languages spoken: English Spanish

Time: MON-THURS 9-9 FRI 9-4 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

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: M, WED, FRI 9-9; T, TH 9-5

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 \$170

Assessment: \$250; LEVEL 1 \$75; UDS \$25

Individual: \$75; LEVEL 2 GROUP \$225 NO SHOW \$25

Group: SJI (NO PERSONAL CHECKS)

TOMS RIVER**INTEGRITY HOUSE, INC ***

310 MAIN STREET

SUITE 6

(973)-623-0600 x3995

(201) 604-5433 (Fax)

Contact Person: RICHARD ROSSO

Languages spoken: English

Time: M, T, TH 9-9; W 9-7:30; FRI 9-4

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

Insurance Accepted: MEDICAID, DMHAS FEE FOR SERVICE, SELF PAY, ISP, PRIVATE INSURANCE

Mailing Address

310 MAIN STREET SUITE 6

TOMS RIVER NJ 08753

Cost:

Intake: \$24.50; LEVEL 1 \$61.39 30 MINS; FAMILY \$102.55

Assessment: LEVEL 2 \$98.53; UDS \$2.50 CO-OCCURRING

Individual: \$81.23 45-50 MINS; MED ASSISTED TREATMENT

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:

Languages spoken: English

Time: MON-FRI 9AM-9PM

Levels of Care:OP, IOP, ASSESSMENT

Insurance Accepted: FFS, SELF-PAY, MEDICAID, STORI, MAP, DRUG COURT, 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 x8100

732-244-0018 (Fax)

Contact Person: MARY PAT ANGELINI

Languages spoken: English

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

Levels of Care:OP; IOP

Insurance Accepted: MEDICAID, GRANTS, INSURANCE

Mailing Address

1191 LAKEWOOD ROAD

TOMS RIVER NJ 08753

Cost:

Intake: \$60; UDS \$50

Assessment:

Individual:

Group:

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

(732)-736-6559 x2

(732) 797-2338 (Fax)

Contact Person:

Languages spoken:

Time: 9:00AM - 9:00PM

Levels of Care: IOP, OP, PARTIAL CARE, CO-OCCURRING

Insurance Accepted: CASH, CREDIT CARDS, CHECK

Mailing Address

1198 LAKEWOOD ROAD SUITE 102

TOMS RIVER NJ 08753

Cost:

Intake:

Assessment:

Individual:

Group:

TUCKERTON**OCEAN HEALTHCARE d/b/a TAYLOR CARE**

213 W MAIN STREET

(609)-879-2233 x110

609-879-2230 (Fax)

Contact Person: YOLANDA SIMMS

Languages spoken:

Time: 8:30 am - 8:30 pm

Levels of Care: PC, IOP, OP & CO-OCCURRING SERVICES

Insurance Accepted: MEDICAID, PRIVATE PAY

Mailing Address

213 W MAIN STREET

TUCKERTON NJ 08087

Cost:

Intake: \$160

Assessment: TRANSPORTATION ROUND TRIP \$20

Individual: \$85/\$100; UDS \$4.50

Group: \$28