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
SUITE C1
(609)-660-0197 x8100
(609) 660-0132 (Fax)
Contact Person: BRIAN MULLEN
Languages spoken: English
Time: MON-THURS 9-9; FRI 9-5
Levels of Care:OP; IOP
Insurance Accepted: ALL

Mailing Address
848 WEST BAY AVENUE SUITE C1
BARNEGAT NJ 08005
Cost:
Intake:
Assessment:
Individual:
Group: SELF PAY; SLIDING FEE

BAYVILLE

OCEAN MENTAL HEALTH, INC. dba BRIGHT HARBOR HEALTHCARE *

340 ROUTE 9
(732)-349-5550 x3
848-224-4826 (Fax)
Contact Person:
Languages spoken: English Spanish
Time: M - F 8:30AM - 4PM; TUES 8:30AM - 8PM
Levels of Care:OP, IOP, MAT, DETOX
Insurance Accepted: MEDICAID, MEDICARE, HORIZON BCBS, UNITED HEALTHCARE, CASH

Mailing Address
340 ROUTE 9
BAYVILLE NJ 08721
Cost:
Intake: $160
Assessment:
Individual:
Group: LEVEL 1 $50; IOP $200

BRICK

MONMOUTH HEALTHCARE SERVICES dba HARBOR MAT *

495 JACK MARTIN BLVD
SUITE 6
(732)-344-0596
732-344-0597 (Fax)
Contact Person: KAREN NEPSHA
Languages spoken: English Spanish
Time: MON - FRI 5:30AM-1:30PM; SAT 6AM-12PM
Levels of Care:OTP, OP, IOP, COOC
Insurance Accepted: MEDICAID, MEDICARE, CASH, CREDIT/DEBIT

Mailing Address
495 JACK MARTIN BLVD SUITE 6
BRICK NJ 08724
Cost:
Intake:
Assessment:
Individual:
Group:

OCEAN MONMOUTH CARE

150 BRICK BLVD
(908)-613-8080
732-458-2185 (Fax)
Contact Person: SHANNON BLEU
Languages spoken:
Time:
Levels of Care:
Insurance Accepted:

Mailing Address
150 BRICK BLVD
BRICK NJ 08723
Cost:
Intake:
Assessment:
Individual:
Group:

LAKEWOOD

OVERCOME WELLNESS & RECOVERY, LLC

101 PROSPECT STREET
SUITE 210
(732)-994-4465 x171
609-645-9467 (Fax)
Contact Person: ASHLEY RYAN
Languages spoken: English
Time: Mon-Fri 10am-1pm, Mon, Tues, Thurs 5pm-8pm
Levels of Care:PHP, IOP, OP
Insurance Accepted: MOST PRIVATE INS; CASH

Mailing Address
101 PROSPECT STREET SUITE 210
LAKEWOOD NJ 08701
Cost:
Intake:
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 Driving Under the Influence Initiative (DUII) Funding

PREFERRED BEHAVIORAL HEALTH (LAKEWOOD) *

700 AIRPORT RD

(732)-367-4700 x7190
(732) 363-0485 (Fax)
Contact Person: NEREIDA MORAN
Languages spoken: English Spanish
Time: MON-THURS 9-9 FRI 9-5
Levels of Care:OP, IOP, PARTIAL CARE
Insurance Accepted: ALL

Mailing Address
700 AIRPORT RD
LAKEWOOD NJ 08701
Cost:
Intake:
Assessment:
Individual:
Group:

LANOKA HARBOR

AGAPE COUNSELING SERVICE(Lanoka Harbor) *

815 US HIGHWAY 9

(609)-242-0086
(609) 242-0087 (Fax)
Contact Person: RACHEL GUZIKOWSKI`
Languages spoken: English Spanish
Time: MON - FRI 9AM - 9PM WEEKENDS AS SCHEDULED
Levels of Care:OP, IOP
Insurance Accepted: MEDICAID, SELF PAY, FFS FUNDING, NJSI RECOVERY COURT, DCP&P SAR

Mailing Address
815 US HIGHWAY 9
LANOKA HARBOR NJ 08734
Cost:
Intake: FAMILY SESSION $170
Assessment: $250; UDS $25
Individual: $110; INDIV OP $110; INDIV IOP - $155; NO SHOW $25
Group: OP GROUP - $75, IOP GROUP - $225

LACEY TREATMENT SERVICES

411 US 9
SUITE 1
(609)-357-4428
(Fax)
Contact Person:
Languages spoken:
Time:
Levels of Care:
Insurance Accepted:

Mailing Address
411 US 9 SUITE 1
LANOKA HARBOR NJ 08734
Cost:
Intake:
Assessment:
Individual:
Group:

TOMS RIVER

ADVANCED BEHAVIORAL CARE SERVICES, LLC

1 SOUTH MAIN STREET
UNIT A1
(732)-961-9666 x105
732-961-1125 (Fax)
Contact Person: ERIK PETRIC
Languages spoken: English
Time: M-W 9AM-9PM; TH-F 9AM-3:30PM
Levels of Care:PARTIAL CARE; OP; IOP
Insurance Accepted: MEDICAID,PRIVATE INS, SLIDING SCALE

Mailing Address
1 SOUTH MAIN STREET UNIT A1
TOMS RIVER NJ 08757
Cost:
Intake:
Assessment:
Individual:
Group: OP; IOP; PC

INTEGRITY HOUSE, INC *

310 MAIN STREET
SUITE 6
(732)-569-3736
973-623-1862 (Fax)
Contact Person:
Languages spoken: English
Time: M, T, TH 9-9; W 9-7:30; FRI 9-4
Levels of Care:OP; IOP; PC, MAT, CO-OCCURING
Insurance Accepted: MEDICAID, DMHAS FEE FOR SERVICE, SELF PAY, ISP, FED PROBATION

Mailing Address
310 MAIN STREET SUITE 6
TOMS RIVER NJ 08753
Cost:
Intake: $28.49; LEVEL 1 $71.39 30 MINS; FAMILY $113.84
Assessment: M-TH 3PM - 5PM
Individual: $94.46 45-50 MINS;
Group: $27.48; PC $78.23; UDS $8.46; IOP $109.38

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

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IRON RECOVERY AND WELLNESS (TOMS RIVER) *

226 MAIN STREET

(732)-244-1600
(732) 244-1600 (Fax)
Contact Person: 609-394-8988
Languages spoken: English
Time: M - TH 11AM-9PM; FRI BY APPT ONLY
Levels of Care:OP, IOP
Insurance Accepted: FFS, SELF-PAY, MEDICAID, STORI, MAP, DRUG COURT, SLIDING FEE

Mailing Address
226 MAIN STREET
TOMS RIVER NJ 08753
Cost:
Intake: Admissions@ironwellness.org
Assessment:
Individual:
Group:

PINNACLE TREATMENT CENTERS DBA OCEAN MEDICAL SERVICES *

2001 ROUTE 37 EAST

(732)-288-9322
732-288-9264 (Fax)
Contact Person: THEA BERK
Languages spoken:
Time: 5AM - 3:30PM DOSING; SAT 6AM-12PM
Levels of Care:PC, MAT
Insurance Accepted: CASH, CREDIT CARD, INSURANCE

Mailing Address
2001 ROUTE 37 EAST
TOMS RIVER NJ 08753
Cost:
Intake:
Assessment:
Individual:
Group:

PREFERRED BEHAVIORAL HEALTH (TOMS RIVER) *

1191 LAKEWOOD ROAD

(732)-367-4700 x6128
732-364-4190 (Fax)
Contact Person: SALVATORE DIDIA
Languages spoken: English
Time: MON-THURS 9-9; FRI 9-5
Levels of Care:OP; IOP
Insurance Accepted: ALL

Mailing Address
1191 LAKEWOOD ROAD
TOMS RIVER NJ 08753
Cost:
Intake:
Assessment:
Individual:
Group:

STRESS CARE OF NEW JERSEY, LLC - TOMS RIVER *

111 W WATER STREET

(732)-679-4500 x113
732-679-4549 (Fax)
Contact Person: STEPHANIE OSINSKI
Languages spoken: English
Time: MON-TH 9AM-9PM; FRI 9AM-5PM; SAT 9AM-4PM
Levels of Care:OP, IOP, PC
Insurance Accepted: ALL COMMERCIAL INS; MEDICAID; MEDICARE; FFS INITIATIVES

Mailing Address
111 W WATER STREET
TOMS RIVER NJ 08753
Cost:
Intake:
Assessment: PC 9:30am-2:30pm
Individual: MHIOP & MHPC 9:30am-12:45pm
Group: IOP M, Tu, Th 5:30pm-8:45pm

TEAM MANAGEMENT 2000, INC - TOMS RIVER *

9 HOSPITAL DRIVE
SUITE A17
(732)-279-3148
732-279-3458 (Fax)
Contact Person: LAURA LAMON
Languages spoken: English
Time: M-F 9AM-5PM
Levels of Care:OP, IOP
Insurance Accepted: VOUCHER, MEDICAID, SELF-PAY SLIDING SCALE, PRIVATE INS

Mailing Address
9 HOSPITAL DRIVE SUITE A17
TOMS RIVER NJ 08755
Cost:
Intake: FFS SCREENING $75
Assessment: $125
Individual: $85
Group: $55; UDS $8-$12

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

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TUCKERTON

OCEAN HEALTHCARE d/b/a TAYLOR CARE *

213 W MAIN STREET

(609)-879-2233 x110
609-879-2230 (Fax)
Contact Person: COLLEEN EVANS
Languages spoken: English
Time: 8 am - 9 pm
Levels of Care:PC,IOP, OP & CO-OCCURING SERVICES
Insurance Accepted: MEDICAID, PRIVATE PAY

Mailing Address
213 W MAIN STREET
TUCKERTON NJ 08087
Cost:
Intake:
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.

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