

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

(973)-623-0600

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-OCCURRING

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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09/01/26

Affiliated Treatment Provider Referral List

(732)-678-0034

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:

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:

Individual:

Group:

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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09/01/26

Affiliated Treatment Provider Referral List

(732)-678-0034

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-OCCURRING 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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