

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: LYNN BERK

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 SUITE C1

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: DONNA OR LAUREL

Languages spoken: English Spanish

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

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 \$26; IOP \$109

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:

Time: MON - FRI 5:30AM-1:30PM; SAT 6AM-12PM

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

Insurance Accepted: MEDICAID, MEDICARE, CASH, CREDIT/DEBIT

Mailing Address

495 JACK MARTIN BLVD SUITE 6

BRICK NJ 08724

Cost:

Intake:

Assessment:

Individual:

Group:

LAKEWOOD**ADVANCED BEHAVIORAL CARE SERVICES, LLC**

501 PROSPECT STREET

BLDG 1A SUITE 8

(732)-961-9666

732-961-1125 (Fax)

Contact Person: MARISSA OR DON

Languages spoken: English

Time: PARTIAL CARE 9AM-3:30PM

Levels of Care: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: \$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

OVERCOME WELLNESS & RECOVERY, LLC *

101 PROSPECT STREET
 SUITE 210
 (609)-645-2146
 (Fax)
 Contact Person: call center
 Languages spoken:
 Time: Mon-Fri 9:30am-3:30pm, Mon, Tues, Thurs 6pm-9pm
 Levels of Care:PHP, IOP, OP
 Insurance Accepted: COMMERCIAL INS; SLIDING SCALE

Mailing Address
 101 PROSPECT STREET SUITE 210
 LAKEWOOD NJ 08701
 Cost:
 Intake: FAMILY SESSION \$125
 Assessment: \$250
 Individual: \$125; PHP PC \$250; IOP \$175
 Group: \$75

PREFERRED BEHAVIORAL HEALTH (LAKEWOOD) *

700 AIRPORT RD

 (732)-367-4700 x7136
 (732) 364-4190 (Fax)
 Contact Person: JEAN HENNON
 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
 700 AIRPORT RD
 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: RACHEL GUZIKOWSKI
 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
 (732)-569-3736
 (201) 604-5433 (Fax)
 Contact Person: JESSICA KAUFMAN
 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:

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 (TOMS RIVER) *

1191 LAKEWOOD ROAD

(732)-323-3664 x6128

732-244-0018 (Fax)

Contact Person: COLLEEN LANE

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:

STRESS CARE OF NEW JERSEY, LLC - TOMS RIVER *

111 W WATER STREET

(732)-679-4500

732-679-4549 (Fax)

Contact Person: KIM CATALDO

Languages spoken:

Time: MON-FRI 9AM-9PM

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:

Time: MON-FRI 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

THE COUNSELING CENTER

1198 LAKEWOOD ROAD

SUITE 102

(609)-339-8711

(732) 797-2506 (Fax)

Contact Person: STEPHANIE OR ELENA

Languages spoken:

Time: 9:00AM - 9:00PM

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

Insurance Accepted: CASH, CREDIT CARDS, CHECK

Mailing Address

16 WHITESVILLE ROAD SUITE A

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: COLLEEN EVANS

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

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