

SERVICE DESCRIPTION	INSURANCE REVENUE CODE	LOCATION	Gross Charge	Discount Cash Price/Self Pay	De-Identified Minimum Negotiated Charge	De-Identified Maximum Negotiated Charge
MH INPATIENT	124	inpatient	1,100.00	650.00	343.00	1,100.00
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	270.00	120.00	40.00	240.00
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	90.00	40.00	40.00	90.00

MH INPATIENT	124	inpatient	Per Diem	1100.00	Aetna HMO/PPO
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Diem	192.00	
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Session	64.00	
MH INPATIENT	124	inpatient	Per Diem	737.63	Aetna Better Health Medicaid
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Diem		
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Session		
MH INPATIENT	124	inpatient	Per Diem	737.63	Amerihealth Medicaid
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Diem		
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Session		
MH INPATIENT	124	inpatient	Per Diem	343.00	Blue Cross HMO/PPO
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Diem		
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Session		
MH INPATIENT	124	inpatient	Per Diem	850.00	Cigna HMO/PPO
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Diem	225.00	
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Session	75.00	
MH INPATIENT	124	inpatient	Per Diem	737.63	Healthy Blue Medicaid
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Diem		
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Session		
MH INPATIENT	124	inpatient	Per Diem	791.33	Humana HMO/PPO
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Diem	176.59	
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Session	58.86	
MH INPATIENT	124	inpatient	Per Diem	737.63	Humana Healthy Horizons Medicaid
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Diem		
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Session		
MH INPATIENT	124	inpatient	Per Diem	737.63	LA Healthcare Connections Medicaid
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Diem		
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Session		
MH INPATIENT	124	inpatient	Per Diem	586.00	United Healthcare HMO/PPO
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Diem	180.00	
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Session	60.00	
MH INPATIENT	124	inpatient	Per Diem	737.63	UHC Community Plan Bayou Health Medicaid
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Diem		
INTENSIVE OUTPATIENT PROGRAM MH PROGRAM	905	outpatient	Per Session		

To the best of its knowledge and belief, this hospital has included all applicable standard charge information in accordance with the requirements of 45 CFR 180.50, and the information in this file is true, accurate, and complete as of the date indicated in this file

All shoppable services, including any of the applicable 70 CMS-specified services, provided by the Hospital have been included in this Shoppable Services Charge List.