

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