

The information provided is a price list of charges and contract reimbursement rates for inpatient and outpatient services. The below is not inclusive of all services provided by a community mental health center. These are the standard charges submitted to insurance. However, the listed charges do not inform you, the consumer, about your financial responsibility or about the range of professional services you might receive while in treatment. Financial responsibility for services rendered are determined based on individual health plan details. You may also qualify for our financial assistance program. To speak with someone about the specific costs of your care or to inquire about the financial assistance program, please contact 574-722-5151.

Service	Code	Gross Charge	Cash Discount*	Aetna	Anthem	Anthem MCE (Medicaid)	Beacon/ Value Options
Initial Intake	90791	\$150.00	N/A	\$ 75.00	\$120.63	\$ 78.42	\$ 86.00
Psychiatric Evaluation	90792	\$160.00	N/A	\$ 75.00	\$120.63	\$ 84.59	\$ 93.00
Individual Therapy 16 -27 minutes	90832	\$ 65.00	N/A	\$ 35.00	\$ 52.58	\$ 37.99	\$ 35.00
Individual Therapy 28-52 minutes	90834	\$100.00	N/A	\$ 62.00	\$ 70.55	\$ 50.39	\$ 65.00
Individual Therapy 53-120 minutes	90837	\$140.00	N/A	\$ 71.30	\$ 70.55	\$ 75.45	\$ 65.00
Crisis Assessment	90839	\$136.00	N/A	\$ 75.00	\$103.96	\$ 78.83	\$ 65.00
Crisis Assessment	90840	\$ 68.00	N/A	\$ 37.50	\$ 51.98	\$ 37.79	\$ 65.00
Family Therapy Without Patient	90846	\$ 85.00	N/A	\$ 65.00	\$ 67.01	\$ 61.10	\$ 65.00
Family Therapy With Patient	90847	\$100.00	N/A	\$ 65.00	\$ 76.73	\$ 63.05	\$ 65.00
Group Psychotherapy	90853	\$ 46.00	N/A	\$ 41.00	\$ 23.20	\$ 14.43	\$ 24.00
Psychological Test/Scoring by Physician	96136	\$ 60.00	N/A	\$ 40.00	\$ 40.00	\$ 33.85	\$ 23.75
Psychological Test/Scoring by Tech	96138	\$ 50.00	N/A	\$ 20.00	\$ 25.52	\$ 26.67	\$ 21.67
Injection	96372	\$ 22.00	N/A	N/A	N/A	\$ 17.61	N/A
Medication Clinic	99212	\$ 45.00	N/A	\$ 30.23	\$ 34.40	\$ 23.18	\$ 24.00
Medication Clinic	99213	\$ 60.00	N/A	\$ 50.44	\$ 57.42	\$ 38.99	\$ 29.00
Medication Clinic	99214	\$ 90.00	N/A	\$ 74.18	\$ 84.43	\$ 57.66	\$ 32.00
Medication Clinic	99215	\$130.00	N/A	\$ 99.37	\$113.10	\$ 77.39	\$ 52.00
Psychiatric Medical Exam - Inpatient	99221	\$112.00	N/A	\$125.00	\$ 78.10	\$ 54.92	\$ 43.00
Psychiatric Evaluation - Inpatient	99222	\$160.00	N/A	\$125.00	\$106.24	\$ 74.70	\$ 77.00
Psychiatric Evaluation - Inpatient	99223	\$232.00	N/A	\$138.76	\$106.24	\$ 110.24	\$111.36
Psychiatric Rounds - Inpatient	99231	\$ 50.00	N/A	\$ 80.00	\$ 31.36	\$ 21.32	\$ 29.00
Psychiatric Rounds - Inpatient	99232	\$ 85.00	N/A	\$ 80.00	\$ 55.78	\$ 39.22	\$ 37.00
Psychiatric Rounds - Inpatient	99233	\$132.00	N/A	\$ 80.00	\$ 85.42	\$ 75.37	\$ 38.00
Final Psychiatric Round - Inpatient	99238	\$110.00	N/A	\$ 80.00	\$ 61.61	\$ 52.39	\$ 37.00
Final Psychiatric Round - Inpatient	99239	\$128.00	N/A	\$ 80.00	\$ 82.55	\$ 77.39	\$ 37.00

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Caresource MCE (Medicaid)	Cigna	Dunn & Associates	Humana	IU Health Plan	MHS MCE (Medicaid)	MDWise MCE (Medicaid)	Sagamore	Tricare
\$ 78.42	\$ 57.00	\$ 100.00	\$130.76	\$ 66.66	\$ 78.42	\$ 78.42	\$ 118.38	\$79.36
\$ 84.59	\$ 55.00	\$ 100.00	\$109.10	\$ 71.90	\$ 84.59	\$ 84.59	\$ 126.20	\$65.00
\$ 37.99	\$ 33.00	\$ 42.00	\$ 54.48	\$ 32.29	\$ 37.99	\$ 37.99	\$ 50.66	\$25.00
\$ 50.39	\$ 57.00	\$ 82.00	\$ 70.78	\$ 42.83	\$ 50.39	\$ 50.39	\$ 69.60	\$50.00
\$ 75.45	\$ 62.00	\$ 92.70	\$103.70	\$ 64.13	\$ 75.45	\$ 75.45	\$ 114.06	\$75.00
\$ 78.83	\$ 56.20	\$ 90.20	\$157.00	\$ 67.01	\$ 78.83	\$ 78.83	\$ 56.20	\$97.50
\$ 37.79	\$ 28.10	\$ 45.10	\$ 78.50	\$ 32.12	\$ 37.79	\$ 37.79	\$ 28.10	\$50.00
\$ 61.10	\$ 55.00	\$ 85.00	\$ 39.25	\$ 51.94	\$ 61.10	\$ 61.10	\$ 74.15	\$50.00
\$ 63.05	\$ 57.00	\$ 85.00	\$ 77.93	\$ 53.59	\$ 63.05	\$ 63.05	\$ 90.38	\$50.00
\$ 14.43	\$ 35.00	\$ 45.00	\$ 21.46	\$ 12.27	\$ 14.43	\$ 14.43	\$ 25.08	\$30.00
\$ 33.85	\$ 48.00	\$ 45.07	\$ 23.75	\$ 28.77	\$ 33.85	\$ 33.85	\$ 38.70	\$23.75
\$ 26.67	\$ 39.00	\$ 41.69	\$ 21.67	\$ 22.67	\$ 26.67	\$ 26.67	\$ 38.70	\$20.00
\$ 17.61	N/A	N/A	N/A	\$ 14.97	\$ 17.61	\$ 17.61	N/A	N/A
\$ 23.18	\$ 36.09	\$ 36.05	\$ 40.32	\$ 19.70	\$ 23.18	\$ 23.18	\$ 31.56	\$25.00
\$ 38.99	\$ 49.58	\$ 56.65	\$ 57.28	\$ 33.14	\$ 38.99	\$ 38.99	\$ 49.86	\$36.00
\$ 57.66	\$ 77.88	\$ 66.95	\$ 88.94	\$ 49.01	\$ 57.66	\$ 57.66	\$ 75.12	\$48.00
\$ 77.39	\$113.72	\$ 84.46	\$122.54	\$ 65.78	\$ 77.39	\$ 77.39	\$ 106.52	\$50.00
\$ 54.92	\$ 78.00	\$ 74.16	\$ 85.35	\$ 46.68	\$ 54.92	\$ 54.92	\$ 69.76	\$45.00
\$ 74.70	\$108.16	\$ 123.60	\$115.98	\$ 63.50	\$ 74.70	\$ 74.70	\$ 109.90	\$55.00
\$ 110.24	\$150.83	\$ 154.50	\$170.84	\$ 93.70	\$ 110.24	\$ 110.24	\$ 160.74	\$80.00
\$ 21.32	\$ 38.00	\$ 38.11	\$ 32.98	\$ 18.12	\$ 21.32	\$ 21.32	\$ 32.87	\$25.00
\$ 39.22	\$ 63.00	\$ 56.65	\$ 60.74	\$ 33.34	\$ 39.22	\$ 39.22	\$ 59.10	\$25.00
\$ 75.37	\$132.00	\$ 77.25	\$ 82.53	\$ 64.06	\$ 75.37	\$ 75.37	\$ 84.43	\$50.00
\$ 52.39	\$ 67.88	\$ 65.92	\$ 66.23	\$ 44.53	\$ 52.39	\$ 52.39	\$ 60.27	\$25.00
\$ 77.39	\$ 98.00	\$ 77.25	\$ 98.03	\$ 65.78	\$ 77.39	\$ 77.39	\$ 89.06	\$50.00

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United Healthcare	Minimum Negotiated Rate	Maximum Negotiated Rate
\$ 75.00	\$ 75.00	\$ 150.00
\$ 75.00	\$ 65.00	\$ 160.00
\$ 35.00	\$ 25.00	\$ 65.00
\$ 60.00	\$ 42.83	\$ 100.00
\$ 75.00	\$ 62.00	\$ 140.00
\$ 93.00	\$ 56.20	\$ 136.00
\$ 37.50	\$ 28.10	\$ 68.00
\$ 60.00	\$ 39.25	\$ 85.00
\$ 60.00	\$ 50.00	\$ 100.00
\$ 39.00	\$ 12.27	\$ 46.00
\$ 25.20	\$ 23.75	\$ 60.00
\$ 69.00	\$ 20.00	\$ 50.00
N/A	\$ 17.61	\$ 22.00
\$ 25.20	\$ 19.70	\$ 45.00
\$ 25.20	\$ 25.20	\$ 60.00
\$ 33.39	\$ 32.00	\$ 90.00
\$ 55.44	\$ 50.00	\$ 130.00
\$ 66.15	\$ 43.00	\$ 112.00
\$ 56.70	\$ 55.00	\$ 160.00
\$ 66.15	\$ 66.15	\$ 232.00
\$ 43.00	\$ 18.12	\$ 50.00
\$ 56.00	\$ 25.00	\$ 85.00
\$ 72.00	\$ 50.00	\$ 132.00
\$ 95.00	\$ 25.00	\$ 110.00
\$ 95.00	\$ 37.00	\$ 128.00

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