

FREESTANDING BEHAVIORAL HEALTH PROVIDER

PROVIDER NAME: _____

SERVICES OFFERED

SERVICE	YES	NO	COMMENTS
<i>Inpatient Psychiatric Hospital Services</i>			
Inpatient Psychiatry -Adult (18+)			
Inpatient Psychiatry-Adolescent (13-17)			
Inpatient Psychiatry-Child (0-12)			
<i>Outpatient Psychiatric Services</i>			
Partial Hospitalization/Day Treatment Mental Health (4+ hrs per day 3+ days per week)			
Intensive Outpatient Program Session (2.5+hrs)			
Separately Billed Outpatient Services			
<i>Inpatient Detoxification Hospital Services</i>			
Inpatient - Adult (18+)			
Inpatient - Adolescent (13-17)			
<i>Inpatient Substance Abuse Hospital Services</i>			
Inpatient - Adult (18+)			
Inpatient - Adolescent (13-17)			
Inpatient - Child (0-12)			
<i>Outpatient Substance Abuse Services</i>			
Partial Hospitalization/Day Treatment (4+ hrs)			
Intensive Outpatient Program Session (2.5+hrs)			
Separately Billed Outpatient Services			