

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.

---

**Aberdeen**


---

**CPC BEHAVIORAL HEALTH (ABERDEEN) \***

Aberdeen Counseling Center

1088 Highway 34

(800)-250-9811

(732) 219-0814 (Fax)

Contact Person: Access Center

Languages spoken: English

Time: Mon-Thurs 8am-9pm; Fri 8am-5pm

Levels of Care:1.0 (OP), 2.1 (IOP), Medication Monitoring

Insurance Accepted: Most Insurances, Medicaid, Medicare, Fee for Service, Sliding Scale Fee

Mailing Address

Aberdeen Counseling Center 1088 Highway 34

Aberdeen NJ 07747

Cost:

Intake: \$175

Assessment: \$175

Individual: \$125

Group: \$50; A/D Screening \$10-\$30

---

**Asbury Park**


---

**JEWISH FAMILY AND CHILDREN'S SERVICE OF MONMOUTH \***

705 Summerfield Avenue

(732)-556-4016

(732) 774-8809 (Fax)

Contact Person: Hilary Krosney-Rediker, Director

Languages spoken: English

Time: Mon, Wed, Thurs 9am-9pm; Tues 9am-4:30pm; Fri 9am-3pm

Levels of Care:1.0 (OP), 2.1 (IOP)

Insurance Accepted: Cash/Check/Credit Card, some private insurances, Medicaid, DAS grants, Sliding scale Fee

Mailing Address

705 Summerfield Avenue

Asbury Park NJ 07712

Cost:

Intake: \$250

Assessment: \$250

Individual: \$150

Group: \$100; A/D Screen \$8

**NEW HOPE IBHC (EPIPHANY HOUSE - ASBURY PARK) \***

300 Fourth Avenue

(732)-775-0720

(732) 775-7840 (Fax)

Contact Person: Intake

Languages spoken: English

Time: 24/7/365

Levels of Care:Halfway House Svcs (Women only); Co-Occurring Treatment

Insurance Accepted: Self-Pay, Private Insurance, Medicaid, DMHAS FFS Network

Mailing Address

300 Fourth Avenue

Asbury Park NJ 07712

Cost:

Intake:

Assessment:

Individual:

Group:

---

**Belmar**


---

**DAVID MEYERS COUNSELING SERVICES(IDRC - BELMAR)**

First Presbyterian Church

9th Avenue &amp; E Street

(848)-667-0267

(Fax)

Contact Person: David Meyers

Languages spoken: English

Time: Tues 7pm-8pm (Group); Individual sessions by appt.

Levels of Care:1 (OP)

Insurance Accepted: Cash, Check, Venmo, Credit Card, Sliding Scale Fee

Mailing Address

401 Tilton Place

Neptune NJ 07753

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

## Colts Neck

**ELAINE HOPKINS - Colts Neck**

28 Ridge Rd

(732)-546-5138

(Fax)

Contact Person: TELEHEALTH

Languages spoken: English

Time: \*Telehealth

Levels of Care:1 (OP)

Insurance Accepted: Private insurance billed as out of network,  
check, cash, HSA

Mailing Address

28 Ridge Rd

Colts Neck NJ 07722

Cost:

Intake:

Assessment: \$250

Individual: \$180

Group: \$70; A/D Screening \$50

## Eatontown

**RECOVERY INNOVATIONS INC. \***

1 Corbett Way, Suite 1

(732)-380-7061

(732) 380-7508 (Fax)

Contact Person: Nicole Martinez

Languages spoken: English

Time: Mon-Thurs 9am-9pm; Fri-Sat 9am-5pm

Levels of Care:1 (OP), 2.1 (IOP)

Insurance Accepted: Cash, Check, CC, Medicaid, Fee for Service

Mailing Address

1 Corbett Way, Suite 1

Eatontown NJ 07724

Cost:

Intake: \$225

Assessment: \$225

Individual: \$150

Group: \$80; A/D Screening \$70 (when applicable)

## Freehold

**AMERICAN DAY CD/HIGH FOCUS CENTERS (USE THIS ONE)**

6 Paragon Way

Suite 104

(732)-303-9900

(732) 303-9901 (Fax)

Contact Person: ACCESS CENTER

Languages spoken: English

Time: 9am to 9pm

Levels of Care:1.0 (OP), 2.1 (IOP)

Insurance Accepted: Self Pay and Commercial Insurance. No  
Sliding Scale Fee

Mailing Address

47 Maple Street Suite 401

Summit NJ 07901

Cost:

Intake:

Assessment: \$250.00

Individual: \$90-180

Group: IOP \$350; A/D Screen \$50

**COMMUNITY REHAB \***

3443 Route 9 North

(732)-462-5553 x\_\_\_\_\_

(732) 462-2012 (Fax)

Contact Person: Diane Cassidy

Languages spoken: English

Time: Mon-Fri 9am-9pm

Levels of Care:1 (OP), 2.1 (IOP), Partial Care, Co-occurring

Insurance Accepted: Check, Cash, Insurance, Medicaid, Medicare,  
Sliding Scale Fee

Mailing Address

3443 Route 9 North

Freehold NJ 07728

Cost:

Intake: \$150

Assessment: \$150

Individual: \$50

Group: \$35, A/D Screening: \$25

**CPC BEHAVIORAL HEALTHCARE (FREEHOLD) \***

Freehold Counseling Center

22 Court Street

(800)-250-9811

(732) 219-0814 (Fax)

Contact Person: Access Center

Languages spoken: English

Time: Mon-Thurs 8am-9pm; Fri 8am-5pm

Levels of Care:1 (OP), 2.1 (IOP), Medication Monitoring

Insurance Accepted: Most Insurances, Medicaid, Medicare, Fee for  
Service, Sliding Scale Fee

Mailing Address

Freehold Counseling Center 22 Court Street

Freehold NJ 07728

Cost:

Intake: \$175

Assessment: \$175

Individual: \$125

Group: \$50; A/D Screening \$10-\$30

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

**DAVID MEYERS COUNSELING SERVICES(IDRC - FREEHOLD)**

1st Presbyterian Church  
118 WEST MAIN STREET  
(848)-667-0267  
(Fax)

Contact Person: David Meyers

Languages spoken: English

Time: By appt.

Levels of Care:1 (OP)

Insurance Accepted: Cash, Check, Venmo, Credit Card, Sliding Scale Fee

Mailing Address  
401 Tilton Place  
Neptune NJ 07753

Cost:

Intake:

Assessment:

Individual:

Group:

**ELAINE HOPKINS- Freehold**

65 SOUTH STREET

(732)-546-5138

(Fax)

Contact Person: Elaine Hopkins

Languages spoken: English

Time: Mon-Fri.10:00am-6:00pm

Levels of Care:1 (OP)

Insurance Accepted: Private insurance billed as out of network, check, cash, HSA

Mailing Address  
65 SOUTH STREET  
FREEHOLD NJ 07728

Cost:

Intake:

Assessment: \$250

Individual: \$180

Group: \$70; A/D Screening \$50

**NEW HOPE IBHC (FREEHOLD) \***

2 Monmouth Avenue

(732)-308-0113

(732) 308-0115 (Fax)

Contact Person: Intake

Languages spoken: English Spanish

Time: Mon, Tue, Thur 9:30am-9pm; Wed 9:30am-5pm; Fri 9 am-4pm; Sat 9:30 am-12pm

Levels of Care:1 (OP), 2.1 (IOP), Co-Occurring Treatment Services

Insurance Accepted: Self-Pay, Private Insurance, Medicaid, DMHAS FFS Network

Mailing Address  
2 Monmouth Avenue  
Freehold NJ 07728

Cost:

Intake:

Assessment: \$150

Individual: \$45-90

Group: \$45-90; A/D Screening \$35-70

**Hazlet****DANIEL STRUBLE, LCSW, LCADC**

32 Village Ct.

(732)-335-1675

(732) 335-1151 (Fax)

Contact Person: Daniel Struble, LCSW, LCADC

Languages spoken: English

Time: Mon-Thurs 8am-9pm; Fri 8am-12pm

Levels of Care:Assessment, 1 (OP)

Insurance Accepted: Cash, Credit, Check, BC/BS, Aetna, Cigna, United Health Care, Medicare, Sliding Scale Fee

Mailing Address  
32 Village Ct.  
Hazlet NJ 07730

Cost:

Intake: \$100

Assessment: \$200

Individual: \$75

Group: \$40; A/D Screen \$25

**Howell****CPC BEHAVIORAL HEALTHCARE (HOWELL) \***

Howell Counseling Center

4539 US Highway 9

(800)-250-9811

(732) 219-0814 (Fax)

Contact Person: Access Center

Languages spoken: English

Time: Mon-Fri 8am-6pm

Levels of Care:1 (OP), 2.1 (IOP), Medication Management

Insurance Accepted: Most Insurances, Medicaid, Medicare, Fee for Service, Sliding Scale Fee

Mailing Address  
Howell Counseling Center 4539 US Highway 9  
Howell NJ 07731

Cost:

Intake: \$175

Assessment: \$175

Individual: \$125

Group: \$50; A/D Screening \$10-\$30

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

## Keansburg

**RESA TREATMENT CENTER**

199 Main Street, Suite 2A

(732)-495-1474

(866) 730-7538 (Fax)

Contact Person: Gina Bellifemine

Languages spoken: English

Time: Mon-Thurs 9am-9pm; Fri 9am-5pm

Levels of Care:1 (OP), 2.1 (IOP)

Insurance Accepted: Cash, Credit, Medicaid, Medicare, Private Insurance, and Sliding Scale

Mailing Address

199 Main Street, Suite 2A

Keansburg NJ 07734

Cost:

Intake: \$150

Assessment: \$150

Individual: \$100

Group: \$50; A/D screening \$45

## Long Branch

**DAVID MEYERS COUNSELING SERVICES(IDRC-LONG BRANCH)**

First Presbyterian Church

167 Cedar Avenue

(732)-735-5139

(Fax)

Contact Person: Nancy Reng

Languages spoken: English

Time: By appt.

Levels of Care:1 (OP)

Insurance Accepted: Cash, Check, Venmo, Credit Care, Sliding Scale Fee

Mailing Address

PO BOX 774

Oakhurst NJ 07755

Cost:

Intake:

Assessment:

Individual:

Group:

**NEW HOPE IBHC (EPIPHANY HOUSE - LONG BRANCH) \***

373 Brighton Avenue

(732)-775-0720

732-775-7840 (Fax)

Contact Person: Intake

Languages spoken: English

Time: 24/7/365

Levels of Care:Halfway House Services (Women Only); Co-Occurring Treatm

Insurance Accepted: Self-Pay, Private Insurance, Medicaid, DMHAS FFS Network

Mailing Address

373 Brighton Avenue

Long Branch NJ 07740

Cost:

Intake:

Assessment:

Individual:

Group:

**NEW HOPE IBHC (PHILLIPS HOUSE - Halfway House Services) \***

190 Chelsea Avenue

(732)-870-8500

(732) 222-9315 (Fax)

Contact Person: Intake

Languages spoken: English

Time: 24/7/365

Levels of Care:Halfway House Services (MEN only), Co-Occurring treatmenten

Insurance Accepted: Self-Pay, Private Insurance, Medicaid, DMHAS FFS Network

Mailing Address

190 Chelsea Avenue

Long Branch NJ 07740

Cost:

Intake:

Assessment:

Individual:

Group:

**NEW HOPE IBHC (PHILLIPS HOUSE - OutPatient Services) \***

190 Chelsea Avenue

(732)-870-8500

(732) 222-9315 (Fax)

Contact Person: To Reach Intake, Dial Option 3

Languages spoken: English Spanish

Time: M, T, T 9:30 am-9 pm; W 9:30 am-5pm; F 9:30-4pm; Sat 9:30 am-12 pm SPANISH x7020 Tues

Levels of Care:1.0 (OP), 2.1 (IOP), Co-Occurring Treatment Services

Insurance Accepted: Self-Pay, Private Insurance, Medicaid, DMHAS FFS Network

Mailing Address

190 Chelsea Avenue

Long Branch NJ 07740

Cost:

Intake:

Assessment: \$150

Individual: \$45-\$90

Group: \$45-\$90; A/D Screening \$35-70

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

**Manalapan****STRESS CARE OF MANALAPAN \***

500 Park Avenue

(732)-679-4500

(732) 679-4549 (Fax)

Contact Person: Press "O" Reception

Languages spoken: English

Time: Mon-Fri 9am-9pm

Levels of Care:1 (OP), 2.1 (IOP), 2.5 (PC)

Insurance Accepted: All Commercial Insurance, Medicaid,  
Medicare, FFS Initiatives.

Mailing Address

500 Park Avenue

Manalapan NJ 07726

Cost:

Intake:

Assessment: \$100

Individual: \$85

Group: \$50 (OP); \$200 (IOP)

**Marlboro****DISCOVERY INSTITUTE OF ADDICTIVE DISORDERS, INC. \***

80 Conover Road

(732)-946-9444

(732) 946-0758 (Fax)

Contact Person: Kathleen Grieshaber

Languages spoken: English

Time: 24/7

Levels of Care:1.0 (OP), 2.1 (IOP), 3.7 (inpatient), IWM

Insurance Accepted: Medicaid, SAPTI, Comm Insurance, NJSI, Self  
Pay, Sliding Scale Fee

Mailing Address

P.O. Box 177

Marlboro NJ 07746

Cost:

Intake: Preadmit Eval \$75

Assessment: \$275

Individual: \$100

Group: \$75; A/D Screening \$50 (\$9 for rapid)

**NEW HOPE IBHC (MARLBORO) \***

80 Conover Road

(732)-946-3030

(732) 946-4891 (Fax)

Contact Person: Intake

Languages spoken: English

Time: 24/7/365

Levels of Care:Adult Sub-Acute residential Detox-Standard, Adult  
ShortInsurance Accepted: Self-Pay, Private Insurance, Medicaid, DMHAS  
FFS Network

Mailing Address

PO BOX 66

Marlboro NJ 07746

Cost:

Intake:

Assessment: \$150

Individual: \$45-\$90

Group: \$45-90; A/D screening \$35-70

**Matawan****STRESS CARE OF NEW JERSEY (Matawan) \***

4122 Route 516

(732)-679-4500

(732) 679-4549 (Fax)

Contact Person: Press "O" Reception

Languages spoken: English

Time: Mon-Fri 9am-9pm

Levels of Care:1 (OP), 2.1 (IOP), 2.5 (PC)

Insurance Accepted: All Commercial Insurance, Medicaid,  
Medicare, FFS Initiatives.

Mailing Address

4122 Route 516

Matawan NJ 07747

Cost:

Intake:

Assessment: \$100

Individual: \$85

Group: \$50 (OP); \$200 (IOP)

**YMCA OF GREATER MONMOUTH COUNTY \***

166 Main Street

(732)-290-9040

(732) 566-0433 (Fax)

Contact Person: Donna Francese

Languages spoken: English

Time: Mon-Thurs 9am-9pm; Fri 9am-5pm

Levels of Care:1 (OP), 2.1 (IOP)

Insurance Accepted: Cash, CC, Check, Aetna, Horizon BCBS,  
Qualcare, United Health Care, Oxford, Meritan,  
Medicaid, DMHAS FFS, Sliding scale

Mailing Address

166 Main Street

Matawan NJ 07747

Cost:

Intake:

Assessment: \$150

Individual: \$75 (sliding scale available)

Group: \$45; A/D Screening \$10

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

## Neptune

**HMH HOSPITALS CORP - JERSEY SHORE UNIVERSITY MEDICAL CENTER \***

1200 Jumping Brook Road

(732)-643-4400

(732) 643-4378 (Fax)

Contact Person: Call Center

Languages spoken: English

Time: Mon-Thurs 8am-9pm; Fri 8am-5pm

Levels of Care:1 (OP), 2.1 (IOP)

Insurance Accepted: Commercial Insurances, Medicaid, Medicare,  
Charity Care, Self-Pay, HMH Compassionate  
Care

Mailing Address

1200 Jumping Brook Road

Neptune NJ 07754

Cost:

Intake:

Assessment: \$718

Individual: \$490; No charge if part of IOP

Group: \$375; A/D Screening \$6

## Ocean

**GATEWAY DAY TREATMENT PROGRAM \***

1 Centre Street

(732)-922-0591

(732) 922-0593 (Fax)

Contact Person:

Languages spoken: English

Time: 8am - 4:30pm

Levels of Care:2.1 (IOP), 2.5 (PC)

Insurance Accepted: NJ Family Care (Medicaid), Network HMOs,  
NJ SAI/Work First NJ, Self Pay, Sliding Scale  
Fee

Mailing Address

P.O. Box 2136

Ocean NJ 07712

Cost:

Intake:

Assessment:

Individual:

Group:

**PREFERRED BEHAVIORAL HEALTH (OCEAN) \***

1405 Highway 35 North

(908)-601-3835

(732) 905-0789 (Fax)

Contact Person: Amanda Rembisz

Languages spoken: English

Time: Mon-Thurs 9am-5pm; Fri 9 am-5pm; Sat 9am-1pm

Levels of Care:1 (OP), 2.1 (IOP)

Insurance Accepted: Insurance, Medicaid, Grants, Sliding Scale

Mailing Address

1405 Highway 35 North

Ocean NJ 07712

Cost:

Intake: \$167.21

Assessment: \$438.17

Individual: \$68.21(30mins), \$90.28 (45mins)

Group: \$27.50 (OP), \$109.48 (IOP), A/D Screen \$50

## Oceanport

**UNITY PLACE OF MONMOUTH COUNTY \***

1075 Stephenson Ave, Suite C

(848)-208-2636

(848) 208-2051 (Fax)

Contact Person:

Languages spoken: English

Time: Mon-Fri 8am-4:30pm

Levels of Care:1 (OP), 2.1 (IOP), 2.5 (PC)

Insurance Accepted: Medicaid, Self Pay, Commercial Insurance,  
Fee for Service

Mailing Address

1075 Stephenson Ave, Suite C

Oceanport NJ 07757

Cost:

Intake:

Assessment: \$150

Individual: \$90-144

Group: \$54-109; A/D Screen \$30

## Red Bank

**CPC BEHAVIORAL HEALTHCARE (RED BANK) \***

Helen Herrmann Counseling Center

270 Highway 35

(800)-250-9811

(732) 219-0814 (Fax)

Contact Person: Access Center

Languages spoken: English

Time: Mon-Thurs 7:30am-9pm, Fri 8am-5pm

Levels of Care:1 (OP), 2.1 (IOP), Medication Monitoring, Level 1  
AmbulaInsurance Accepted: Most insurances, Medicaid, Medicare, Fee for  
Service, Sliding Scale Fee

Mailing Address

Helen Herrmann Counseling Center 270 Highway 35

Red Bank NJ 07701

Cost:

Intake: \$175

Assessment: \$175

Individual: \$125

Group: \$50; A/D Screening \$10-\$30

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

**DAVID MEYERS COUNSELING SERVICES(IDRC-RED BANK)**

84 Maple Avenue

(732)-735-5139

(Fax)

Contact Person: Nancy Reng

Languages spoken: English

Time: By appt.

Levels of Care:1 (OP)

Insurance Accepted: Cash, Check, Venmo, Credit Care, Sliding  
Scale Fee

Mailing Address

PO Box 774

Oakhurst NJ 07755

Cost:

Intake:

Assessment:

Individual:

Group:

**Shrewsbury****HMH HOSPITALS CORP- RIVERVIEW MEDICAL CENTER \***

Booker Behavioral Health Ctr

661 Shrewsbury Avenue

(732)-345-3400

(732) 345-3401 (Fax)

Contact Person: Call Center

Languages spoken: English

Time: Mon-Thurs 8am-9pm; Fri 8 am-5pm

Levels of Care:1 (OP), 2.1 (IOP)

Insurance Accepted: Commercial Insurances, Medicaid, Medicare,  
Charity Care, Self-Pay, HMH Compassionate  
Care

Mailing Address

Booker Behavioral Health Ctr 661 Shrewsbury Avenue

Shrewsbury NJ 07702

Cost:

Intake:

Assessment: \$718

Individual: \$490; No charge if part of IOP

Group: \$375; A/D Screening \$6

**SEABROOK SHREWSBURY**

21 WHITE STREET

(856)-455-7575

(856) 391-6022 (Fax)

Contact Person: Call Center

Languages spoken: English

Time:

Levels of Care:Level 1 (OP), 2.1 (IOP), 2.5 (PHP)

Insurance Accepted: Cash, Credit Card, Insurance

Mailing Address

21 WHITE STREET

SHREWSBURY NJ 07702

Cost:

Intake:

Assessment: \$275 (with A/D Screen)

Individual: \$150

Group: OP \$150, IOP \$240, PHP \$440