

DAILY HOSPITAL BED RATES

| <i>Private Facility</i> | <i>Private Facility</i> | <i>Private Facility</i> | <i>State Hospital</i> | <i>Private Facility</i> | <i>Private Facility</i> | <i>Private Facility</i> |
|--|---|---|--------------------------------------|--|--|------------------------------|
| Private Citizen | County | State | North | County | County | County |
| Mental Health | Mental Health | Mental Health | Mental Health | Mental Health | Physical Health | Physical Health |
| Daily Bed Rate \$1,523.00 | Daily Bed Rate \$1,523.00 voluntary \$980.00 involuntary | Daily Rate \$1,523.00 | Daily Rate \$380.00 | Daily Bed Rate \$859.00 | Daily Bed Rate \$1,863.00 | Daily Bed Rate \$1,863.00 |
| 27 days @ \$1,523.00 \$41,121.00 | 1 st 6 days @ \$1,523.00 \$9,138.00 X64%* \$5,848.32 voluntary | 16 days @ \$1,523.00 \$24,368.00 | 27 days @ \$380.00 \$10,260.00 | 27 days @ \$859.00 \$23,193.00 X64%* \$14,843.00 | 27 days @ \$1,863.00 \$50,301.00 X64% \$32,192.00 | |
| | Converted to involuntary 5 days @ \$980.00** \$4,900 | State contract rate \$950 per day @ 16 days \$15,200 | | \$10,000 county \$4,843.00 State Catastrophic Fund | \$10,000 county \$22,192.00 State Catastrophic Fund | |
| Total | | | | | | |
| \$41,121.00 | \$10,748.00*** | \$15,200.00*** | \$10,260.00 | \$14,843.00*** | \$32,192.00 | |

*Medicaid rate (hospital interim rate)
 ** Contracted rate for involuntary admits
 *** total county and state charges
 \$25,948.00 - \$10,260.00 = difference \$15,688.00 more for a private facility for same number of days
 \$25,948.00 - \$14,843.00 (regular medical floor) = \$11,105.00 difference between regular medical and psychiatric floor rate
NOTE: the above charges are only for the daily bed rate and do not include any lab fees, physician charges, or other hospital fees and services.