

Westborough Behavioral Healthcare Hospital, LLC

Price Transparency File Report

Report Date: 04/29/2026

Service	Specialty	Age	Rate Type	Standard Charge (Gross Charge)
Inpatient	Inpatient - Psych	Adult	Per Diem	2000.0
Inpatient	Inpatient - Psych	Adult	Per Diem	2000.0
Inpatient	Inpatient - Psych	Juvenile	Per Diem	2000.0
Inpatient	Inpatient - Psych	Juvenile	Per Diem	2000.0
Inpatient	Inpatient - Psych	Child	Per Diem	2000.0
Inpatient	Inpatient - Psych	Child	Per Diem	2000.0
Outpatient	Outpatient - Psych	Adult	Per Visit	175.0 Per Group
Outpatient	Outpatient - Psych	Adult	Per Visit	175.0 Per Group
Outpatient	Outpatient - Psych	Adult	Per Group	175.0 Per Group
Outpatient	Outpatient - Psych	Juvenile	Per Visit	175.0 Per Group
Outpatient	Outpatient - Psych	Juvenile	Per Visit	175.0 Per Group
Outpatient	Outpatient - Psych	Juvenile	Per Group	175.0 Per Group
Outpatient	Outpatient - Psych	Child	Per Visit	175.0 Per Group
Outpatient	Outpatient - Psych	Child	Per Visit	175.0 Per Group
Outpatient	Outpatient - Psych	Child	Per Group	175.0 Per Group
Partial	Partial - Psych	Adult	Per Visit	160.0 Per Group
Partial	Partial - Psych	Adult	Per Visit	160.0 Per Group
Partial	Partial - Psych	Adult	Per Group	160.0 Per Group
Partial	Partial - Psych	Juvenile	Per Visit	160.0 Per Group
Partial	Partial - Psych	Juvenile	Per Visit	160.0 Per Group
Partial	Partial - Psych	Juvenile	Per Group	160.0 Per Group
Partial	Partial - Psych	Child	Per Visit	160.0 Per Group
Partial	Partial - Psych	Child	Per Group	160.0 Per Group
Inpatient	Inpatient - Detox	Adult	Per Diem	2000.0
Inpatient	Inpatient - Detox	Juvenile	Per Diem	2000.0
Inpatient	Inpatient - Detox	Child	Per Diem	2000.0
Partial	Partial - CD	Adult	Per Visit	160.0 Per Group
Partial	Partial - CD	Adult	Per Group	160.0 Per Group
Partial	Partial - CD	Juvenile	Per Visit	160.0 Per Group
Partial	Partial - CD	Juvenile	Per Group	160.0 Per Group
Partial	Partial - CD	Child	Per Visit	160.0 Per Group
Partial	Partial - CD	Child	Per Group	160.0 Per Group
Inpatient	Inpatient - Rehab	Adult	Per Diem	2000.0
Inpatient	Inpatient - Rehab	Juvenile	Per Diem	2000.0
Inpatient	Inpatient - Rehab	Child	Per Diem	2000.0
Inpatient	Inpatient - Psych	Geriatric	Per Diem	2000.0
Inpatient	Inpatient - Psych	Geriatric	Per Diem	2000.0
Outpatient	Outpatient - Psych	Geriatric	Per Visit	175.0 Per Group
Outpatient	Outpatient - Psych	Geriatric	Per Visit	175.0 Per Group
Outpatient	Outpatient - Psych	Geriatric	Per Group	175.0 Per Group
Partial	Partial - Psych	Geriatric	Per Visit	160.0 Per Group
Partial	Partial - Psych	Geriatric	Per Visit	160.0 Per Group
Partial	Partial - Psych	Geriatric	Per Group	160.0 Per Group
Inpatient	Inpatient - Detox	Geriatric	Per Diem	2000.0
Partial	Partial - CD	Geriatric	Per Visit	160.0 Per Group

Partial	Partial - CD	Geriatric	Per Group	160.0 Per Group
Inpatient	Inpatient - Rehab	Geriatric	Per Diem	2000.0
Outpatient	Outpatient - CD	Adult	Per Visit	175.0 Per Group
Outpatient	Outpatient - CD	Adult	Per Visit	175.0 Per Group
Outpatient	Outpatient - CD	Adult	Per Group	175.0 Per Group
Outpatient	Outpatient - CD	Juvenile	Per Visit	175.0 Per Group
Outpatient	Outpatient - CD	Juvenile	Per Visit	175.0 Per Group
Outpatient	Outpatient - CD	Juvenile	Per Group	175.0 Per Group
Outpatient	Outpatient - CD	Child	Per Visit	175.0 Per Group
Outpatient	Outpatient - CD	Child	Per Visit	175.0 Per Group
Outpatient	Outpatient - CD	Child	Per Group	175.0 Per Group
Outpatient	Outpatient - CD	Geriatric	Per Visit	175.0 Per Group
Outpatient	Outpatient - CD	Geriatric	Per Visit	175.0 Per Group
Outpatient	Outpatient - CD	Geriatric	Per Group	175.0 Per Group
Inpatient	Inpatient - SU	Juvenile	Per Diem	3000.0
Inpatient	Inpatient - SU	Juvenile	Per Diem	3000.0
Inpatient	Inpatient - SU	Juvenile	Per Diem	3000.0
Inpatient	Inpatient - SU	Child	Per Diem	3000.0
Inpatient	Inpatient - SU	Child	Per Diem	3000.0
Inpatient	Inpatient - SU	Child	Per Diem	3000.0
Inpatient	Inpatient - private room	Adult	Per Diem	4000.0
Inpatient	Inpatient - private room	Juvenile	Per Diem	4000.0
Inpatient	Inpatient - private room	Child	Per Diem	4000.0
Inpatient	Inpatient - private room	Geriatric	Per Diem	4000.0
Inpatient	Inpatient - FSU	Adult	Per Diem	3000.0
Inpatient	Inpatient - FSU	Juvenile	Per Diem	3000.0
Inpatient	Inpatient - FSU	Juvenile	Per Diem	3000.0
Inpatient	Inpatient - FSU	Juvenile	Per Diem	3000.0
Inpatient	Inpatient - FSU	Child	Per Diem	3000.0
Inpatient	Inpatient - FSU	Child	Per Diem	3000.0
Inpatient	Inpatient - FSU	Child	Per Diem	3000.0
Inpatient	Inpatient - FSU	Geriatric	Per Diem	3000.0

This list represents all billable services our facility provides

This hospital provides all-inclusive services

This hospital does not directly bill physician and non-physician professional fees - any professional fees will be billed by the individual non

Per 45 CFR 180.20 this facility has no further billable supplies, procedures, or services

Per 45 CFR 180.60 this facility has no corresponding ancillary services

Per 45 CFR 160.40(b) this facility has no other corresponding shoppable services