Modify a Rate - Rate Details

Rate | **Rate Details List** | Rate Detail | Invoices

Procurement
0866-2015-125N

Provider Location
Preferred Family Healthcare - T/C/K/B - Preferred Family Healthcare - T/C/K/B

Rate Description
PREF T 0866-2015-125N 15

Add a Rate Detail for this Rate

Code	Description	Type	Cost
1501	Administrative Fee	ACT	$0.00
2001	Short-term Residential Treatment	FIX	$91.67
8050	Inpatient Detox-Non Medical Detox	FIX	$91.67