



Patient Price Information

In compliance with state law, Wayne HealthCare is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospital's charges are the same for all patients, but a patient's responsibility may vary, depending on payment plans negotiated with individual health insurers. Uninsured or underinsured patients should consult with our admitting and billing staff to determine whether they qualify for discounts.

These prices are current as of **1/1/17**

Room and Board -- Per Day Charges

Intensive care	Level 1	\$2,884
Birthing Suite (LDR)		\$1,595
Nursery		\$961
Routine care		\$1,595
Swing Bed Skilled		\$562
Swing Bed Intermediate		\$441

Labor and Delivery Charges

The following list does not include charges for anesthesia, drugs, or supplies required for a particular delivery room procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.

Normal Delivery	\$3,671
Fetal non-stress test	\$382

Emergency Department Charges

Emergency Department charges are based on the level of emergency care provided to our patients. The levels, with level 1 representing basic emergency care, reflect the type of accommodations needed, the personnel resources, the intensity of care and the amount of time needed to provide treatment. The following charges do not include fees for drugs, supplies or additional ancillary procedures that may be required for a particular emergency treatment. They also do not include fees for Emergency Department physicians, who will bill separately for their services.

Level 1	\$189
Level 2	\$349
Level 3	\$624
Level 4	\$1,040
Level 5	\$1,546

Operating Room Charges

Operating Room charges are based on the complexity level, with level 1 being the most basic. There is an initial 30 minute set-up charge as well as a charge for each additional minute while the operation is being performed.

Set-Up Charge	Initial	Additional 15 min charge
Level 1	\$ 1,299	\$375
Level 2	\$ 1,694	\$540
Level 3	\$ 2,133	\$630
Level 4	\$ 2,541	\$765
Level 5	\$ 2,845	\$975
Recovery	\$ 493	\$270
Scopes		
Endoscopy	\$ 1,611	
Colonoscopy	\$ 2,575	

Physical Therapy Charges

The following charges reflect the most common services offered by our Physical Therapy department. Patients may have additional charges, depending on the services performed.

Therapeutic Exercise	15 min	\$104
Ultrasound	15 min	\$111
Mobilization	15 min	\$118

Aquatic Therapy	15 min	\$111
Gait Training	15 min	\$127
Massage	15 min	\$111
Eval Low Complexity		\$210
Eval Moderate Complexity		\$250
Eval High Complexity		\$275
Therapeutic Activities	15 min	\$118
Mechanical Traction		\$111
Electrical Stimulation	15 min	\$118

Occupational Therapy Charges

The following charges reflect the most common services offered by our Occupational Therapy department. Patients may have additional charges, depending on the services performed.

Therapeutic Exercise		\$111
Therapeutic Activities		\$111
Activity of Daily Living		\$118
Eval Low Complexity		\$210
Eval Moderate Complexity		\$250
Eval High Complexity		\$275
Neuromuscular Re-education		\$124
Orthotic Training		\$111
Whirlpool		\$165
Community/Work Reintegration		\$103
Ultrasound		\$111
Electrical Stimulation		\$118

Pulmonary Therapy Charges

The following charges reflect the most common services offered by our Pulmonary Therapy department. Patients may have additional charges, depending on the services performed.

Respiratory Therapy

Arterial Blood Gas		\$305
Acapella Device		\$127
Deep breathing/chest percussion initial		\$117
Deep breathing/chest percussion subq		\$135
Bipap		\$898
Carbon Monoxide Level		\$58
Medication Nebulizer Initial		\$135
Medication Nebulizer sub		\$92
Incentive Spirometer		\$7
Pulmonary Function Test/complete		\$350
Pulmonary Function Test pre/post bronch		\$250
Sleep Study		\$3,000
Sleep Study w cpap trial		\$3,500
Sleep Study mult/day and night		\$3,354
Ventilator Management 1st day		\$1,742
Ventilator Management subq		\$1,453

EKG

Electrocardiogram(EKG)		\$190
Cardiac monitor/2-4 week		\$622
Holter Monitor 24/48 hour		\$533
Electroencephalogram(EEG)		\$719
Exercise stress test standard		\$829

Cardic Ultrasound

Echocardiogram(ECHO)	\$1,891
<u>Vascular Ultrasound</u>	
Carotid	\$1,637
Venous bilateral	\$772
Venous Unilateral	\$624
Arterial	\$566
Lower Arterial and abdomen	\$1,020

The following charges reflect the hospital's 30 most common x-ray and radiological procedures.

<u>Diagnostic</u>	
Abdomen	\$293
Acute Abdomen	\$601
Ankle	\$306
Chest 1 view	\$277
Chest 2 view	\$306
Dexa	\$421
Elbow 3 view	\$404
Foot 3 view	\$306
Hand 3 view	\$277
Hip	\$296
Pelvis	\$320
Spine Cervical 2-3 views	\$441
Spine Lumbar 3 views	\$390
Wrist 3 views	\$299

<u>Mammography</u>	
Screening Mammogram	\$154
Screening digital breast tomosynthesis	\$62

<u>Ultrasound</u>	
R U Q	\$918
Pelvis	\$952
Breast	\$741
OB >14 weeks	\$690

<u>Nuclear Medicine</u>	
Spect Cardiac	\$3,524
Bone/Whole Body	\$1,578

<u>CT Scan</u>	
Abdomen/Pelvis	\$3,225
Abdomen/Pelvis w	\$4,025
Maxillofacial	\$1,659
Head	\$1,863
Cervical	\$1,541

<u>MRI</u>	
Lumbar	\$3,059
Cervical	\$3,059
Brain	\$3,059
Any Joint Lower	\$3,059

Laboratory Charges

The following charges reflect the hospital's 30 most common laboratory procedures.

Complete Blood Count(CBC)	\$77
Basic Metabolic Panel	\$138
Prottime	\$50
Lipid Panel	\$138
Urinalysis	\$84
Folate	\$116
Comprehensive Metabolic Panel	\$239
Hepatic Panel	\$123
Thyroid Stimulating Hormone(TSH)	\$147
Troponin	\$128
C-reactive Protein (CRP)	\$120
Hemoglobin glycosylated(HGB A1C)	\$77
Creatine Kinase MB fraction(CKMB)	\$128
Magnesium	\$93
Urine Culture	\$49
Thyroxine total free(T4 free)	\$128
Iron Profile	\$74
Amylase	\$134
Thromboplastin time partial(APTT)	\$89
PSA	\$89
Lipase	\$149
Transferase Alanine amino(ALT)	\$26
Sedimentation Rate	\$70
Microalbumin, Urine	\$66
Natriuretic Peptide (Pro-BNP)	\$343
Transferase aspartate amino(AST)	\$26
Rh Type	\$59
PAP Monolayer	\$147
Vitamin B12	\$107
Hemoglobin and Hematocrit	\$58

Hospital Billing Policies

Financial Counseling 1-800-589-2963 Ext. 5770
 Patient Financial Services 1-800-589-2963 Ext. 5770
 Deposits and Co-pays required
 Payment plans, prompt pay discount, HCAP, Charity
 No interest charged on unpaid balances



The Consumer's Guide to
Quality Health Care
 in Ohio

Consumers can access a number of government and private Websites, which provide additional information on hospitals' charges and quality. For a complete listing of available online resources, please visit the [Consumer's Guide to Quality Health Care in Ohio](http://www.ohanet.org/portal) at www.ohanet.org/portal.