



WAYNE HEALTHCARE  
835 SWEITZER ST  
GREENVILLE, OH 45331

## Patient Price Information List

EFFECTIVE 01/01/2022 EXCEPT WHERE NOTED

In compliance with state law, Wayne HealthCare, is providing this price list containing 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 1/1/2022

<b>ROOM &amp; BOARD</b>	
<b>ROOM &amp; BOARD</b>	<b>CHARGE/ DAY</b>
Behavioral Health	\$1,740.00
Birthing Suite (LDR)	\$1,891.00
Intensive care	\$3,579.00
Nursery	\$1,193.00
Observation	
<i>\$105 per hour stay does not include ICU</i>	\$2,520.00
Private	\$2,536.00
Routine care	\$2,536.00
Swing Bed Intermediate	\$549.00
Swing Bed Skilled	\$699.00

<b>LABOR &amp; DELIVERY</b>	
	<b>CHARGE/ DAY</b>
Delivery Room	\$4,860.00
Fetal non-stress test	\$1,059.00

### EMERGENCY DEPARTMENT

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.

<b>EMERGENCY DEPARTMENT CHARGES</b>	
	<b>CHARGE/ DAY</b>
Level 1	\$329.00
Level 2	\$701.00
Level 3	\$1,055.00

Level 4	\$1,662.00
Level 5	\$2,384.00
Critical Care	\$3,150.00

## OPERATING ROOM

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 PER MINUTE CHARGE
Level 1	\$1,806.00	\$33.00
Level 2	\$2,356.00	\$53.00
Level 3	\$2,965.00	\$61.00
Level 4	\$3,534.00	\$74.00
Level 5	\$3,956.00	\$93.00
Recovery	\$687.00	\$28.00

SCOPES	CHARGE
level 1	\$2,240.00
level 2	\$3,580.00

## PHYSICAL THERAPY

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

PHYSICAL THERAPY CHARGES	TIME	CHARGE PER TIME PERIOD
Therapeutic Activities	15 min	\$121.00
Ultrasound	15 min	\$40.00
Mobilization	15 min	\$88.00
Aquatic Therapy	15 min	\$108.00
Gait Training	15 min	\$95.00
Massage	15 min	\$137.00
Eval Low Complexity		\$266.00
Eval Moderate Complexity		\$266.00
Eval High Complexity		\$266.00
Mechanical Traction		\$44.00
Electrical Stimulation	15 min	\$145.00

## OCCUPATIONAL THERAPY

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

OCCUPATIONAL THERAPY CHARGES	CHARGE
Therapeutic Activities	\$121.00

Activity of Daily Living	\$106.00
Eval Low Complexity	\$281.00
Eval Moderate Complexity	\$281.00
Eval High Complexity	\$281.00
Neuromuscular Re-education	\$110.00
Orthotic Training	\$136.00
Whirlpool	\$201.00
Community/Work Reintegration	\$127.00
Ultrasound 15 MIN	\$40.00
Electrical Stimulation	\$145.00

## **PULMONARY THERAPY**

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

<b>RESPIRATORY THERAPY CHARGES</b>	<b>CHARGE</b>
Respiratory Therapy	
Arterial Blood Gas	\$108.00
Capillary Gas	\$108.00
Deep breathing/chest percussion initial	\$173.00
Deep breathing/chest percussion subq	\$173.00
Bipap	\$290.00
Carbon Monoxide Level	\$52.00
Medication Nebulizer Initial	\$284.00
Medication Nebulizer sub	\$284.00
Pulmonary Function Test/complete	\$586.00
Pulmonary Function Test pre/post bronch	\$379.00
Pulse Ox Overnight	\$379.00
Sleep Study	\$4,142.00
Sleep Study w cpap trial	\$4,194.00
Sleep Study mult/day and night	\$4,194.00
Ventilator Management 1st day	\$732.00
Ventilator Management subq	\$718.00
<b>EKG CHARGES</b>	<b>CHARGE</b>
Electrocardiogram(EKG)	\$312.00
Holter Monitor 24/48 hour	\$731.00
EEG Awake and Asleep	\$876.00
Cardiac stress test standard	\$361.00
<b>CARDIAC ULTRASOUND</b>	<b>CHARGE</b>
ECHO Complete	\$2,529.00
<b>VASCULAR ULTRASOUND</b>	<b>CHARGE</b>
Vascular Carotid	\$1,347.00
Vascular Arterial	\$1,347.00
Venous bilateral	\$1,562.00
Venous Unilateral	\$751.00

## X-RAY & RADIOLOGY

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

<b>X-RAY AND RADIOLOGY CHARGES</b>	<b>CHARGE</b>
Diagnostic	
Acute Abdomen	\$500.00
Ankle	\$413.00
Chest 1 view	\$349.00
Chest 2 view	\$356.00
Dexa Bone Scan	\$461.00
Elbow 3 view	\$356.00
Foot 3 view	\$356.00
Hand 3 view	\$356.00
Pelvis	\$500.00
Spine Cervical 2-3 views	\$405.00
Spine Lumbar 3 views	\$490.00
Wrist 3 views	\$356.00

<b>MAMMOGRAPHY</b>	<b>CHARGE</b>
Screening Mammogram	\$169.00
Screening digital breast tomosynthesis	\$69.00
US Breast Unilateral	\$956.00

<b>ULTRASOUND</b>	<b>CHARGE</b>
Abdomen Complete	\$956.00
R U Q	\$937.00
Breast	\$956.00
OB >14 weeks	\$956.00

<b>NUCLEAR MEDICINE</b>	<b>CHARGE</b>
Spect Cardiac STRESS TEST	\$5,237.00
Bone/Whole Body	\$1,547.00

<b>CT SCANS</b>	<b>CHARGE</b>
Abdomen/Pelvis	\$2,988.00
Abdomen/Pelvis w	\$5,116.00
Maxillofacial wwo	\$2,442.00
Head	\$1,295.00
Cervical	\$1,295.00

<b>MRI</b>	<b>CHARGE</b>
Lumbar	\$1,713.00
Cervical	\$1,987.00
Brain	\$1,713.00
Any Joint Lower	\$1,987.00

## LABORATORY

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

<b>LABORATORY CHARGES</b>	<b>CHARGE</b>
Amylase	\$27.00
Basic Metabolic Panel	\$36.00
Complete Blood Count(CBC) and Diff	\$85.00
Comprehensive Metabolic Panel	\$87.00
Creatine Kinase MB fraction(CKMB)	\$49.00
C-reactive Protein (CRP)	\$22.00
Folate	\$62.00
Hemoglobin A1C	\$41.00
Hematocrit	\$10.00
Hemoglobin WELLNESS SELF PAY	\$25.00
Hepatic Function Panel	\$34.00
Iron Profile	\$27.00
Lipase	\$29.00
Lipid Panel	\$56.00
Magnesium	\$28.00
Natriuretic Peptide (Pro-BNP)	\$165.00
Nicotine Blood Quant	\$155.00
PAP Monolayer	\$97.00
Protime	\$18.00
PSA Screen	\$77.00
Renal Function Panel	\$37.00
Sedimentation Rate	\$12.00
T3 Total	\$60.00
Thyroid Stimulating Hormone(TSH)	\$70.00
Thyroxine total free(T4 free)	\$38.00
Transferase Alanine amino(ALT)	\$22.00
Transferase aspartate amino(AST)	\$22.00
Troponin	\$53.00
Urinalysis	\$14.00
Urine Culture	\$34.00
Vitamin B12	\$63.00

## **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

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 at [www.ohanet.org/portal](http://www.ohanet.org/portal).