



## Patient Price Information List

In compliance with state law, (Hospital name) 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 **1/1/20**

### Room and Board -- Per Day Charges

Behavioral Health	\$	1,740.00
Birthing Suite (LDR)	\$	1,822.00
Intensive care Level 1	\$	3,292.00
Nursery	\$	1,097.00
Observation \$75 per hour stay	\$	1,800.00
Routine care	\$	1,822.00
Swing Bed Intermediate	\$	504.00
Swing Bed Skilled	\$	642.00

### 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	\$	4,190.00
Fetal non-stress test	\$	437.00

### 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

Level 1	\$	217.00
Level 2	\$	399.00
Level 3	\$	713.00
Level 4	\$	1,188.00
Level 5	\$	1,764.00
Critical Care	\$	2,348.00

### 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	\$ 1,483.00	\$ 450.00
Level 2	\$ 1,934.00	\$ 645.00
Level 3	\$ 2,434.00	\$ 750.00
Level 4	\$ 2,901.00	\$ 900.00
Level 5	\$ 3,247.00	\$ 1,125.00
Recovery	\$ 564.00	\$ 330.00
<b>Scopes</b>		
Endoscopy	\$ 1,839.00	
Colonoscopy	\$ 2,939.00	

### 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	\$	118.00
Ultrasound	15 min	\$	128.00
Mobilization	15 min	\$	137.00
Aquatic Therapy	15 min	\$	128.00
Gait Training	15 min	\$	146.00
Massage	15 min	\$	128.00
<b>Eval Low Complexity</b>		\$	241.00
<b>Eval Moderate Complexity</b>		\$	285.00
<b>Eval High Complexity</b>		\$	315.00
Therapeutic Activities	15 min	\$	118.00
Mechanical Traction		\$	128.00
Electrical Stimulation	15 min	\$	136.00

### 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		\$	128.00
Therapeutic Activities		\$	118.00
Activity of Daily Living		\$	136.00
<b>Eval Low Complexity</b>		\$	242.00
<b>Eval Moderate Complexity</b>		\$	286.00
<b>Eval High Complexity</b>		\$	316.00
Neuromuscular Re-education		\$	142.00
Orthotic Training		\$	125.00
Whirlpool		\$	188.00
Community/Work Reintegration		\$	118.00
Ultrasound		\$	128.00
Electrical Stimulation		\$	136.00

### 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		\$	350.00
Acapella Device		\$	137.00
Deep breathing/chest percussion initial		\$	156.00
Deep breathing/chest percussion subq		\$	156.00
Bipap		\$	156.00
Carbon Monoxide Level		\$	67.00
Medication Nebulizer Initial		\$	156.00
Medication Nebulizer sub		\$	156.00
Incentive Spirometer		\$	7.00
Pulmonary Function Test/complete		\$	412.00
Pulmonary Function Test pre/post bronch		\$	286.00
Sleep Study		\$	3,424.00
Sleep Study w cpap trial		\$	3,994.00
Sleep Study mult/day and night		\$	3,829.00
Ventilator Management 1st day		\$	830.00
Ventilator Management subq		\$	830.00

#### EKG

Electrocardiogram(EKG)		\$	219.00
Cardiac monitor/2-4 week		\$	641.00

Holter Monitor 24/48 hour	\$	549.00
Electroencephalogram(EEG)	\$	822.00
Exercise stress test standard	\$	947.00

**Cardic Ultrasound**

Echocardiogram(ECHO)	\$	2,160.00
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**Vascular Ultrasound**

Carotid	\$	1,870.00
Venous bilateral	\$	882.00
Venous Unilateral	\$	713.00
Arterial	\$	646.00
Lower Arterial and abdomen	\$	1,166.00

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

**Diagnostic**

Abdomen	\$	335.00
Acute Abdomen	\$	688.00
Ankle	\$	351.00
Chest 1 view	\$	318.00
Chest 2 view	\$	351.00
Dexa	\$	461.00
Elbow 3 view	\$	463.00
Foot 3 view	\$	351.00
Hand 3 view	\$	318.00
Hip	\$	339.00
Pelvis	\$	367.00
Spine Cervical 2-3 views	\$	505.00
Spine Lumbar 3 views	\$	446.00
Wrist 3 views	\$	342.00

**Mammography**

Screening Mammogram	\$	154.00
Screening digital breast tomosynthesis	\$	60.00

**Ultrasound**

R U Q	\$	733.00
Pelvis	\$	1,088.00
Breast	\$	847.00
OB >14 weeks	\$	613.00

**Nuclear Medicine**

Spect Cardiac	\$	4,838.00
Bone/Whole Body	\$	1,802.00

**CT Scan**

Abdomen/Pelvis	\$	3,681.00
Abdomen/Pelvis w	\$	3,925.00
Maxillofacial	\$	363.00
Head	\$	1,817.00
Cervical	\$	1,760.00

**MRI**

Lumbar	\$	2,854.00
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Cervical	\$	3,341.00
Brain	\$	3,718.00
Any Joint Lower	\$	2,854.00

### Laboratory Charges

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

Amylase	\$	138.00
Basic Metabolic Panel	\$	147.00
Complete Blood Count(CBC)	\$	48.00
Comprehensive Metabolic Panel	\$	254.00
Creatine Kinase MB fraction(CKMB)	\$	138.00
C-reactive Protein (CRP)	\$	123.00
Folate	\$	123.00
Hemoglobin	\$	29.00
Hematocrit	\$	29.00
Hemoglobin glycosylated(HGB A1C)	\$	79.00
Hepatic Function Panel	\$	131.00
Iron Profile	\$	79.00
Lipase	\$	153.00
Lipid Panel	\$	147.00
Magnesium	\$	96.00
Natriuretic Peptide (Pro-BNP)	\$	364.00
Nicotine Blood Quant	\$	129.00
PAP Monolayer	\$	149.00
Protime	\$	48.00
PSA	\$	144.00
Renal Function Panel	\$	182.00
Sedimentation Rate	\$	70.00
T3 Total	\$	69.00
Thyroid Stimulating Hormone(TSH)	\$	151.00
Thyroxine total free(T4 free)	\$	132.00
Transferase Alanine amino(ALT)	\$	28.00
Transferase aspartate amino(AST)	\$	28.00
Troponin	\$	134.00
Urinalysis	\$	84.00
Urine Culture	\$	84.00
Vitamin B12	\$	114.00

### 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



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

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