



WAYNE HEALTHCARE
 835 SWEITZER ST
 GREENVILLE, OH 45331
 937-548-1141

Patient Price Information List

EFFECTIVE 01/01/2023 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 1/1/2023.

ROOM & BOARD	
ROOM & BOARD	CHARGE/ DAY
Intensive care	\$3,794.00
Nursery	\$1,265.00
Observation	
<i>\$105 per hour stay does not include ICU</i>	\$2,688.00
Private	\$2,688.00
Swing Bed Intermediate	\$582.00
Swing Bed Skilled	\$741.00

LABOR & DELIVERY	
	CHARGE/ DAY
Labor and Delivery Charges	
Delivery Set up Room	\$5,410.00
Fetal non-stress test	\$1,156.00

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.

EMERGENCY DEPARTMENT CHARGES (Treatment Charges Only)	
	CHARGE/ DAY
Level 1	\$349.00
Level 2	\$744.00
Level 3	\$1,119.00
Level 4	\$1,762.00
Level 5	\$2,528.00
Critical Care	\$3,339.00

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	\$1,915.00	\$35.00
Level 2	\$2,498.00	\$57.00
Level 3	\$3,143.00	\$65.00
Level 4	\$3,744.00	\$79.00
Level 5	\$4,194.00	\$99.00
Recovery	\$729.00	\$30.00

SCOPES	CHARGE
level 1	\$2,375.00
level 2	\$3,795.00

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	CPT Code	TIME	CHARGE PER TIME PERIOD
Therapeutic Activities	97530	15 min	\$129.00
Ultrasound	97035	15 min	\$43.00
Mobilization	97140	15 min	\$94.00
Aquatic Therapy	87113	15 min	\$115.00
Gait Training	97116	15 min	\$101.00
Massage	97124	15 min	\$146.00
Eval Low Complexity	97161		\$266.00
Eval Moderate Complexity	97162		\$266.00
Eval High Complexity	97163		\$266.00
Mechanical Traction	97012		\$47.00
Electrical Stimulation	97032	15 min	\$154.00

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	CPT Code	TIME	CHARGE PER TIME PERIOD
Therapeutic Activities	97530	15 MIN	\$129.00
Activity of Daily Living	97535	15 MIN	\$114.00
Eval Low Complexity	97165		\$281.00
Eval Moderate Complexity	97166		\$281.00
Eval High Complexity	97167		\$281.00
Neuromuscular Re-education	97112	15 MIN	\$117.00

Orthotic Training	97760	15 MIN	\$145.00
Whirlpool	97022		\$214.00
Community/Work Reintegration	97537		\$136.00
Ultrasound	97035	15 MIN	\$43.00
Electrical Stimulation	97032	15 MIN	\$154.00

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.

RESPIRATORY THERAPY CHARGES	CPT Code	CHARGE
Arterial Blood Gas	82803	\$115.00
Capillary Gas	82803	\$115.00
Deep breathing/chest percussion initial	94667	\$200.00
Deep breathing/chest percussion subq	94668	\$184.00
Bipap/CPAP	94660	\$308.00
Carbon Monoxide Level	82375	\$56.00
Medication Nebulizer Initial	94640	\$302.00
Medication Nebulizer sub	94640	\$302.00
Pulmonary Function Test/complete	94060	\$622.00
Pulmonary Function Test pre/post bronch	94010	\$403.00
Pulse Ox Overnight	94762	\$403.00
Sleep Study	95810	\$4,391.00
Sleep Study w cpap trial	95811	\$4,446.00
Sleep Study mult/day and night	95811	\$4,446.00
Ventilator Management 1st day	94002	\$776.00
Ventilator Management subq	94003	\$762.00

EKG CHARGES	CPT Code	CHARGE
Electrocardiogram(EKG)	93005	\$331.00
Holter Monitor 24/48 hour	93225	\$775.00
EEG Awake and Asleep	95819	\$929.00
Cardiac stress test standard	93017	\$383.00

CARDIAC ULTRASOUND	CPT Code	CHARGE
ECHO Complete	93306	\$2,681.00

VASCULAR ULTRASOUND	CPT Code	CHARGE
Vascular Carotid	93880	\$1,428.00
Vascular Arterial	93925	\$1,428.00
Venous bilateral	93970	\$1,656.00
Venous Unilateral	93971	\$797.00

X-RAY & RADIOLOGY

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

X-RAY AND RADIOLOGY CHARGES	CPT Code	CHARGE
Acute Abdomen	74019	\$530.00
Ankle	73610	\$438.00
Chest 1 view	71045	\$370.00
Chest 2 view	71046	\$378.00
Dexa Bone Scan	77080	\$489.00
Elbow 3 view	73080	\$378.00
Foot 3 view	73630	\$378.00
Hand 3 view	73130	\$378.00
Pelvis 2 view	72170	\$530.00
Spine Cervical 2-3 views	72040	\$430.00
Spine Lumbar 3 views	72100	\$520.00
Wrist 3 views	73100	\$378.00

MAMMOGRAPHY	CPT Code	CHARGE
Screening Mammogram	77067	\$180.00
Screening digital breast tomosynthesis	77063	\$74.00
US Breast Unilateral	76641	\$1,014.00

ULTRASOUND	CPT Code	CHARGE
Abdomen Complete	76700	\$1,014.00
R U Q	76705	\$994.00
Breast Unilateral	76641	\$1,014.00
OB >14 weeks	76805	\$1,014.00

NUCLEAR MEDICINE	CPT Code	CHARGE
Spect Cardiac STRESS TEST	78452	\$5,552.00
Bone/Whole Body	78306	\$2,115.00

CT SCANS	CPT Code	CHARGE
Abdomen/Pelvis	74176	\$3,078.00
Abdomen/Pelvis w	74178	\$5,270.00
Maxillofacial wwo	70488	\$2,516.00
Head	7050	\$1,334.00
Cervical	72125	\$1,334.00

MRI	CPT Code	CHARGE
Lumbar	72148	\$1,765.00
Cervical	72141	\$2,047.00
Brain	70551	\$1,765.00
Any Joint Lower	73721	\$2,047.00

LABORATORY

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

Explodes are not included.

LABORATORY CHARGES	CPT Code	CHARGE
Amylase	82150	\$29.00
Basic Metabolic Panel	80048	\$39.00
Complete Blood Count(CBC) and Diff	85025	\$91.00
Comprehensive Metabolic Panel	80053	\$93.00
C-reactive Protein (CRP)	86140	\$25.00
Folate	82746	\$66.00
Hemoglobin A1C	83036	\$44.00
Hematocrit	85014	\$11.00
Hemoglobin WELLNESS SELF PAY	85018	\$11.00
Hepatic Function Panel	80076	\$37.00
Iron Profile	83540	\$29.00
Lipase	83690	\$31.00
Lipid Panel	80061	\$60.00
Magnesium	83735	\$30.00
Natriuretic Peptide (Pro-BNP)	83880	\$175.00
Nicotine Blood Quant	80323	\$165.00
PAP Monolayer	88142	\$103.00
Protime	85610	\$20.00
PSA Screen	84153	\$82.00
Renal Function Panel	80069	\$40.00
Sedimentation Rate	85652	\$13.00
T3 Total	84480	\$64.00
Thyroid Stimulating Hormone(TSH)	84443	\$75.00
Thyroxine total free(T4 free)	84439	\$41.00
Transferase Alanine amino(ALT)	84460	\$25.00
Transferase aspartate amino(AST)	84450	\$25.00
Troponin	84484	\$57.00
Urinalysis	81001	\$15.00
Urine Culture	87086	\$37.00
Vitamin B12	82607	\$67.00

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.