



## Patient Price Information List

In compliance with state law, East Ohio Regional Hospital is providing this price list containing our charges for r department, operating room, delivery, physical therapy and other procedures. The hospital's charges are the sa responsibility may vary, depending on payment plans negotiated with individual health insurers. Uninsured or un consult with our admitting and billing staff to determine whether they qualify for discounts. These prices are corr

### Room and Board -- Per Day Charges

	Charges
Intensive care	1,856.00
Routine Care	1088.00
Nursery	392.00

### 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.*

	Charges
Normal Delivery	
Cesarean Section Delivery	
Amniocentesis	1,173.78
Fetal Monitor per hour	Initial hr 163.01
	Add'l hr 39.30
Labor Room per hour	Initial hr 181.81
	Add'l hr 100.30

### 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.*

	Charges
Level 1	93.29
Level 2	127.92
Level 3	258.88
Level 4	380.73

Level 5	609.18
Trauma care	508.61

### Operating Room Charges

*Operating Room charges are based on the time needed to complete your procedure. The following charge does not include fees for drugs, supplies or additional ancillary procedures that may be required. They also do not include fees for the Surgeon or Anesthesiologist involved in your case. They will bill separately for their services.*

OR TIME EACH 20 MINUTES	1136.57
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### 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 per 15 min	96.83
Ultrasound	96.83
Evaluation	145.27

### 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 per 15 min	48.53
Manual Exercise per 15 min	59.99
Paraffin	98.69
Ultrasound	96.83

### 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.*

Spirometry	260.91
Therapeutic Exercise Per 15 min	132.89
ABG	527.23
Spontaneous Aersol - Intial	55.03
Spontaneous Aersol	49.15

### X-Ray and Radiological Charges

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

Chest X-Ray PA-LAT	189.30
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Chest X-RAY Single View	140.83
Screening Mammogram	391.17
Lumbar Spine X-Ray	369.79
CAT Scan - Head	1,157.81
CAT Scan - Chest	1,408.75
CAT Scan - Abdomen	1,708.12
CAT Scan - Pelvis	1,408.75
Cervical Spine X-Ray	308.18
Sinus X-ray	277.36
Abdomen XX-Ray	158.47
Abdomen and Chest X-Ray	387.44
Foot X-Ray	180.45
Bone Density (DEXA)	473.89
Ultrasound of Pelvis	519.49
Ankle X-Ray	149.70
Knee X-Ray	239.93
Myocardial Perfusion Scan	3,779.55
Knee X-Ray 3 Views	239.93
Transvaginal Ultrasound	583.65
Hip X-Ray	228.95
Shoulder X-Ray	171.72
Cat Scan Abdomen WO Contrast	1,188.67
Heart Catherization	3,608.23
Cat Scan Pelvis WO Contrast	1,188.67
Knee X-Ray - 2 Views	154.07
Abdominal Ultrasound	726.37
Knee X-Ray - Bilateral	359.88
Hand X-Ray	154.07
Mammography - Unilateral	226.60

### Laboratory Charges

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

Complete Blood Count w Differential (CBC)	52.34
Comprehensive Metabolic Panel (CMP)	256.63
Lipid Profile	146.91
Basic Metabolic Panel (BMP)	146.67
Protime	40.06
Thyroid Stimulating Hormone (TSH)	114.49
Creatine Kinase (CK)	48.44
Troponin	80.66
CK MB Fraction	110.09
Hemoglobin	17.58
Urinalysis with Microscopic	26.39
Thromboplastin Time (APTT)	40.06
Thin Prep Pap Smear	98.12
Smear with Interpretation (Gram Stain)	36.19
Glycohemoglobin (HGB A1C)	47.32
Surgical Pathology Level IV	225.32
Hepatic Function Panel	126.97

Magnesium	48.44
Urinalysis without Microscopic	24.12
Culture Urine	80.70
Sedimentation Rate (ESR)	30.83
Culture Blood	111.28
Complete Blood Count without Differential	44.01
SGOT(AST)	20.32
Direct Bilirubin	15.84
SGPT (ALT)	20.82
Prostate Specific Antigen (PSA) Screen	115.32
Strep Screen Rapid	44.10
Glucose	15.42
B-Type Natriuretic Peptide (BNP)	144.66

### Hospital Billing Policies

*Insert hospital's billing policies*

*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).*

room and board, emergency  
time for all patients, but a patient's  
underinsured patients should  
effect as of January 1, 2010.