



## Patient Price Information List

In compliance with state law, Lutheran Hospital is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospitals' 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 correct as of January 1, 2018.

### Room and Board — Per Day Charges

Coronary care	N/A	Chemical Dependency/Detox	N/A
Intensive care	\$3,528	Skilled Nursing	N/A
Medical/Surgical	\$1,622	Rehabilitation	N/A
Step Down	\$2,136	Obstetrics/Labor & Delivery	N/A
Telemetry	\$2,136	Nursery	N/A
Psychiatry	\$1,600	Neonatal	N/A

### 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.

Vaginal Delivery	N/A
Cesarean Section Delivery	N/A

### 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	\$ 313	Trauma Activation Level 1	N/A
Level 2	\$ 569	Trauma Activation Level 2	N/A
Level 3	\$1,000	Critical Care, Initial	\$2,909
Level 4	\$1,623	Critical Care, Additional	\$1,526
Level 5	\$2,379		

## Operating Room Charges

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Operating Room charges are based on the complexity level, with Type 1 being the most basic. The following list does not include charges for anesthesia, drugs, or supplies required for a particular operating room procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.

Per 30 minute increment

Level 1 – Initial 30 mins	\$2,097	Level 1 – each additional 30 mins	\$1,543
Level 2 – Initial 30 mins	\$2,584	Level 2 – each additional 30 mins	\$2,029
Level 3 – Initial 30 mins	\$2,913	Level 3 – each additional 30 mins	\$2,365
Level 4 – Initial 30 mins	\$3,197	Level 4 – each additional 30 mins	\$2,653
Level 5 – Initial 30 mins	\$3,592	Level 5 – each additional 30 mins	\$3,067
Level 6 – each additional 30 mins	\$3,839	Level 6 – Initial 30 mins	\$3,590

## Physical Therapy Charges

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

Evaluation & Report	\$ 480
Gait Training	\$ 136
Therapeutic Exercise/per 15 min	\$ 191
Therapeutic Group	\$ 124

## Occupational Therapy Charges

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

Evaluation & Report	\$ 534
Therapeutic Exercise/per 15 min	\$ 191
Therapeutic Group	\$ 124

## Pulmonary Therapy Charges

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

Airway Inhalation Treatment	\$ 133
CPAP Initiation & Management	\$ 304
Spirometry	\$ 264

## X-Ray and Radiological Charges

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

Bone Density DEXA	\$ 361	XR Ankle 3 Views	\$ 271
CT Abdomen & Pelvis w Contrast	\$ 2570	XR Chest 1 View	\$ 158
CT Angio Chest w wo Contrast	\$ 2442	XR Chest 2 Views	\$ 200
CT Cervical Spine wo Contrast	\$ 1532	XR Foot 3 Views Minimum	\$ 271
CT Head Brain wo Contrast	\$ 1100	XR Hand 3 Views Minimum	\$ 258
CT Sinus wo Contrast	\$ 1125	XR Hip, Unilateral, 2-3 views	\$ 321
CT, Abdomen and Pelvis wo Cont	\$ 1969	XR Knee 3 Views Minimum	\$ 308
Myocardial Perfusion, Tomographic	\$ 4793	XR Knee 4 Views or More	\$ 333
Ultrasound Abdomen Limited	\$ 731	XR Knee, 1 or 2 Views	\$ 262
Ultrasound Breast Unilateral Limited	\$ 406	XR Lower Leg 2 Views	\$ 237
Ultrasound Guidance for Needle Placement	\$ 582	XR Pelvis 1 or 2 Views	\$ 270
Ultrasound Pelvic NonOB	\$ 634	XR Shoulder 2 Views	\$ 229
Ultrasound Transvaginal NonOB	\$ 752	XR Spine Lumbosacral 2 or 3 Views	\$ 278
XR Abdomen Complete	\$ 333	XR Spine Single View	\$ 290
XR Addomen 1 View	\$ 171	XR Wrist 3 Views Minimum	\$ 312

## Laboratory Charges

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

Antibody Screen	\$ 106	Influenza DNA AMP Probe	\$ 353
Bacterial Blood Culture	\$ 154	Lactic Acid	\$ 78
Bacterial Culture, Aerobic	\$ 63	Lipase	\$ 59
Bacterial Urine Culture	\$ 67	Lipid Panel	\$ 111
Basic Metabolic Panel	\$ 109	Magnesium	\$ 49
Blood Typing, ABO	\$ 61	Neisseria Amplif NA Probe	\$ 216
Blood Typing, Rh (D)	\$ 53	Partial Thromboplastin Time	\$ 57
CBC	\$ 58	Pregnancy Test, Urine	\$ 54
CBC/Differential	\$ 67	Prothrombin Time	\$ 48
Chlamydia, Amplified Probe Technique	\$ 239	Smear, Gram Stain	\$ 46
Comprehensive Metabolic Panel	\$ 166	Troponin	\$ 112
Creatine Kinase	\$ 55	TSH	\$ 143
Creatine Kinase, MB fraction	\$ 79	Urinalysis w/microscopy	\$ 46
Glucose, Blood, Scan	\$ 20	Vitamin B12	\$ 128
HbA1c	\$ 76	Vitamin D	\$ 219

## Hospital Billing Policies

We want to make sure that you receive the full benefits of your insurance coverage as well as consideration under our financial assistance programs, if applicable. Before we bill you, we bill your insurance provider, including Medicare and Medicaid, and any secondary insurance providers. We do not charge interest on any balance due after insurance payments are received. We will send an easy-to-understand billing statement showing the most current balance owed by your insurance provider as well as any balance due from you. If you are not able to pay the amount you owe in full, you may contact us regarding applying for financial assistance or being set up on a payment plan. Emergency service will never be delayed or withheld on the basis of a patient's ability to pay.

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