



Patient Price Information List

In compliance with state law, Avon 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

Intensive care	\$3,499
Medical/Surgical	\$1,656
Step Down	\$2,182

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 Single	N/A	Cesarean Section Delivery Single	N/A
Vaginal Delivery Twins	N/A	Cesarean Section Delivery Twins	N/A
Vaginal Delivery Triplets	N/A	Cesarean Section Delivery Triplets	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	Critical Care, Initial	\$2,937
Level 2	\$ 569	Critical Care, Additional	\$1,541
Level 3	\$1,000		
Level 4	\$1,623		
Level 5	\$2,379		

Operating Room Charges

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 – Initial 30 mins	\$3,839	Level 6 – each additional 30 mins	\$3,590

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.

Evaluation & Report	\$ 480
Gait Training	\$ 118
Therapeutic Exercise /per 15 min	\$ 173
Therapeutic Group	\$ 124

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.

Evaluation & Report	\$ 534
Therapeutic Exercise /per 15 min	\$ 173
Therapeutic Group	\$ 124

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.

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 Abdomen 2 Views	\$ 271
CT Abdomen & Pelvis w Contrast	\$ 2,570	XR Addomen 1 View	\$ 171
CT Cervical Spine wo Contrast	\$ 1,532	XR Ankle 3 Views	\$ 271
CT Head Brain wo Contrast	\$ 1,100	XR Chest 1 View	\$ 158
CT Thorax w Contrast	\$ 1,523	XR Chest 2 Views	\$ 200
CT Thorax wo Contrast	\$ 1,511	XR Foot 3 Views Minimum	\$ 271
CT, Abdomen and Pelvis wo Contrast	\$ 1,969	XR Hand 3 Views Minimum	\$ 258
MRI Brain w wo Contrast	\$ 3,068	XR Hip, Unilateral, 2-3 views	\$ 321
MRI Brain wo Contrast	\$ 1,831	XR Knee 4 Views or More	\$ 333
MRI Lumbar Spine wo Contrast	\$ 1,740	XR Knee, 1 or 2 Views	\$ 262
Screening Mammography, Bilateral, with CAD	\$ 460	XR Pelvis 1 or 2 Views	\$ 270
Ultrasound Abdomen Limited	\$ 731	XR Shoulder 2 Views	\$ 229
Ultrasound of Head and Neck	\$ 1,042	XR Spine Lumbosacral 2 or 3 Views	\$ 278
Ultrasound Retroperitoneal	\$ 901	XR Spine, Cervial 2 or 3 Views	\$ 254
Ultrasound Transvaginal NonOB	\$ 752	XR Wrist 3 Views Minimum	\$ 312

Laboratory Charges

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

Antimicrobial Susceptibility	\$ 82	Influenza DNA AMP Probe	\$ 321
Bacterial Blood Culture	\$ 154	Lactic Acid	\$ 90
Bacterial Culture, Aerobic	\$ 63	Lipase	\$ 59
Bacterial Urine Culture	\$ 67	Magnesium	\$ 57
Basic Metabolic Panel	\$ 109	Natriuretic Peptide	\$ 260
Blood Typing, Rh (D)	\$ 53	Partial Thromboplastin Time	\$ 57
CBC	\$ 58	Phosphorus Serum	\$ 41
CBC/Differential	\$ 67	Pregnancy Test, Urine	\$ 87
Comprehensive Metabolic Panel	\$ 166	Prothrombin Time	\$ 48
C-Reactive Protein	\$ 77	Smear, Gram Stain	\$ 46
Creatine Kinase	\$ 55	Surgical Pathology, Level 4	\$ 915
Creatine Kinase, MB fraction	\$ 79	Troponin	\$ 112
Culture, Bacterial-Other Source	\$ 89	TSH	\$ 143
Glucose, Blood, Scan	\$ 20	Urinalysis w/microscopy	\$ 46
Hemoglobin	\$ 23	Urinalysis, routine	\$ 20

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.