



Patient Price Information List

In compliance with state law, Medina 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	Skilled Nursing	N/A
Intensive care	\$2,268	Rehabilitation	N/A
Medical/Surgical	\$1,204	Obstetrics/Labor & Delivery	\$1,204
Step Down	N/A	Nursery	\$1,250
Psychiatry	N/A	Neonatal	N/A
Chemical Dependency/Detox	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.

Amniocentesis	\$ 677
Non Stress Test	\$ 466
Fetal Monitor per Hour	\$ 340

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
Level 2	\$ 569
Level 3	\$1,000
Level 4	\$1,623
Level 5	\$2,379
Critical Care, Initial	\$1,818

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	\$1,906	Level 1 – each additional 30 mins	\$1,353
Level 2 – Initial 30 mins	\$2,351	Level 2 – each additional 30 mins	\$1,779
Level 3 – Initial 30 mins	\$2,650	Level 3 – each additional 30 mins	\$2,072
Level 4 – Initial 30 mins	\$2,911	Level 4 – each additional 30 mins	\$2,327
Level 5 – Initial 30 mins	\$3,258	Level 5 – each additional 30 mins	\$2,673
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	\$ 110
Therapeutic Exercise /per 15 min	\$ 138
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	\$ 323
Therapeutic Exercise /per 15 min	\$ 138
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	\$ 2570	XR Addomen 1 View	\$ 171
CT Abdomen wo Contrast	\$ 1169	XR Ankle 3 Views	\$ 271
CT Cervical Spine wo Contrast	\$ 1532	XR Chest 1 View	\$ 158
CT Head Brain wo Contrast	\$ 1100	XR Chest 2 Views	\$ 200
CT Thorax w Contrast	\$ 1523	XR Foot 3 Views Minimum	\$ 271
CT Thorax wo Contrast	\$ 1511	XR Hand 3 Views Minimum	\$ 258
CT, Abdomen and Pelvis wo Cont	\$ 1969	XR Hip, Unilateral, 2-3 views	\$ 321
Fluoro Guidance for Injection	\$ 752	XR Knee 3 Views Minimum	\$ 616
MRI Brain w wo Contrast	\$ 3068	XR Knee 4 Views or More	\$ 333
Myocardial Perfusion, Tomographic	\$ 4793	XR Knee, 1 or 2 Views	\$ 262
Ultrasound Abdomen Limited	\$ 731	XR Pelvis 1 or 2 Views	\$ 270
Ultrasound Breast Unilateral Limited	\$ 165	XR Shoulder 2 Views	\$ 229
Ultrasound Retroperitoneal	\$ 901	XR Spine Lumbosacral 2 or 3 Views	\$ 278
Ultrasound Transvaginal NonOB	\$ 752	XR Wrist 3 Views Minimum	\$ 312

Laboratory Charges

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

Antibody Screen	\$ 106	Lactic Acid	\$ 78
Bacterial Blood Culture	\$ 154	Lipase	\$ 59
Bacterial Culture, Aerobic	\$ 100	Lipid Panel	\$ 111
Bacterial Urine Culture	\$ 67	Magnesium	\$ 71
Basic Metabolic Panel	\$ 109	Natriuretic Peptide	\$ 260
Blood Gases	\$ 205	Partial Thromboplastin Time	\$ 57
Blood Typing, ABO	\$ 61	Phosphorus Serum	\$ 41
Blood Typing, Rh (D)	\$ 53	Potassium	\$ 36
CBC	\$ 58	Prothrombin Time	\$ 48
CBC/Differential	\$ 67	Surgical Pathology, Level 4	\$ 979
Comprehensive Metabolic Panel	\$ 166	Troponin	\$ 112
Creatine Kinase	\$ 55	TSH	\$ 143
Creatine Kinase, MB fraction	\$ 79	Urinalysis w/microscopy	\$ 46
HbA1c	\$ 76	Urinalysis, routine	\$ 20
Influenza DNA AMP Probe	\$ 321	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.