



## Patient Price Information List

In compliance with state law, Fairview 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	\$2,830	Chemical Dependency/Detox	N/A
Intensive care	\$3,604	Skilled Nursing	N/A
Medical/Surgical	\$1,656	Rehabilitation	\$1,656
Step Down	\$2,564	Obstetrics/Labor & Delivery	\$1,579
Telemetry	\$2,564	Nursery	\$1,250
Psychiatry	N/A	Neonatal	\$3,260

### 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	\$2,828	Cesarean Section Delivery Single	\$4,597
Vaginal Delivery Twins	\$3,396	Cesarean Section Delivery Twins	\$6,045
Vaginal Delivery Triplets	\$4,365	Cesarean Section Delivery Triplets	\$6,877

### 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	\$3,161
Level 2	\$ 569	Trauma Activation, Level 2	\$1,842
Level 3	\$1,000	Critical Care, Initial	\$2,937
Level 4	\$1,623	Critical Care, Additional	\$1,541
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 – Initial 30 mins	\$5,957	Level 6 – each additional 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	\$ 118
Therapeutic Exercise /per 15 min	\$ 165
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	\$ 165
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 Abdomen 2 Views	\$ 271
CT Abdomen & Pelvis w Contrast	\$ 2570	XR Abdomen Complete	\$ 333
CT Angio Chest w wo Contrast	\$ 2442	XR Addomen 1 View	\$ 171
CT Cervical Spine wo Contrast	\$ 1532	XR Ankle 3 Views	\$ 271
CT Head Brain wo Contrast	\$ 1100	XR Chest 1 View	\$ 158
CT Thorax w Contrast	\$ 1951	XR Chest 2 Views	\$ 200
CT Thorax wo Contrast	\$ 1511	XR Foot 3 Views Minimum	\$ 271
CT, Abdomen and Pelvis wo Cont	\$ 1969	XR Hand 3 Views Minimum	\$ 258
MRI Brain w wo Contrast	\$ 3068	XR Hip, Unilateral, 2-3 views	\$ 321
MRI Brain wo Contrast	\$ 1831	XR Knee, 1 or 2 Views	\$ 262
Swallowing Function w Videoradiography	\$ 507	XR Pelvis 1 or 2 Views	\$ 270
Ultrasound Abdomen Limited	\$ 731	XR Shoulder 2 Views	\$ 229
Ultrasound Breast Unilateral Limited	\$ 406	XR Spine Lumbosacral 2 or 3 Views	\$ 278
Ultrasound Renal Limited	\$ 349	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.

Bacterial Blood Culture	\$ 154	Glucose; Blood, Reagent Strip	\$ 35
Bacterial Culture, Aerobic	\$ 63	Ionized Calcium	\$ 100
Bacterial Urine Culture	\$ 67	Lactic Acid	\$ 90
Basic Metabolic Panel	\$ 109	Lipase	\$ 59
Blood Gases	\$ 165	Lipid Panel	\$ 111
Blood Typing, ABO	\$ 61	Magnesium	\$ 57
Blood Typing, Rh (D)	\$ 53	Natriuretic Peptide	\$ 260
CBC	\$ 58	Partial Thromboplastin Time	\$ 57
CBC/Differential	\$ 67	Phosphorus Serum	\$ 41
Comprehensive Metabolic Panel	\$ 166	Prothrombin Time	\$ 48
Coombs Test	\$ 121	Smear, Gram Stain	\$ 46
C-Reactive Protein	\$ 77	Surgical Pathology, Level 4	\$ 274
Creatine Kinase	\$ 55	Troponin	\$ 112
Culture, Bacterial-Other Source	\$ 89	TSH	\$ 143
Glucose, Blood, Scan	\$ 20	Urinalysis w/microscopy	\$ 46

## 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).