



## Patient Price Information List

In compliance with state law, Hillcrest Hospital is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospital's 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	\$2,612	Skilled Nursing	N/A
Intensive care	\$2,612	Rehabilitation	N/A
Medical/Surgical	\$1,314	Obstetrics/Labor & Delivery	\$1,217
Step Down	\$1,783	Nursery	\$1,250
Telemetry	\$1,718	Neonatal	\$2,439
Psychiatry	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.

Normal Delivery	\$2,370	Non Stress Test	\$ 441
Cesarean Section Delivery	\$4,324	Fetal Monitor per Hour	N/A
Amniocentesis	\$ 637	Labor Room Base Rate, 1st Hour	\$ 347

### 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	\$2,652
Level 2	\$ 569	Trauma Activation Level 2	\$1,545
Level 3	\$1,000	Critical Care, Initial	\$2,881
Level 4	\$1,623	Critical Care, Additional	\$1,512
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	\$3,839	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	\$ 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	\$ 103
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	Ultrasound Transvaginal NonOB	\$ 752
CT Abdomen & Pelvis w Contrast	\$ 2570	XR Addomen 1 View	\$ 171
CT Angio Chest w wo Contrast	\$ 2442	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	\$ 1951	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, Uniteral, 2-3 views	\$ 321
MRI Brain w wo Contrast	\$ 3068	XR Knee 4 Views or More	\$ 333
MRI Brain wo Contrast	\$ 1831	XR Knee, 1 or 2 Views	\$ 262
MRI Lumbar Spine wo Contrast	\$ 1740	XR Lower Leg 2 Views	\$ 237
Ultrasound Abdomen Limited	\$ 731	XR Pelvis 1 or 2 Views	\$ 270
Ultrasound Breast Unilateral Limited	\$ 165	XR Shoulder 2 Views	\$ 262
Ultrasound Pelvic NonOB	\$ 634	XR Spine Lumbosacral 2 or 3 Views	\$ 278
Ultrasound Retroperitoneal	\$ 901	XR Wrist 3 Views Minimum	\$ 312

## Laboratory Charges

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

Antibody Screen	\$ 106	Glucose, Blood, Scan	\$ 35
Bacterial Blood Culture	\$ 154	Ionized Calcium	\$ 100
Bacterial Culture, Aerobic	\$ 63	Lactic Acid	\$ 78
Bacterial Urine Culture	\$ 67	Lipase	\$ 59
Basic Metabolic Panel	\$ 109	Magnesium	\$ 51
Blood Gases	\$ 182	Partial Thromboplastin Time	\$ 57
Blood Typing, ABO	\$ 61	Phosphorus Serum	\$ 41
Blood Typing, Rh (D)	\$ 53	Potassium	\$ 35
CBC	\$ 58	Prothrombin Time	\$ 48
CBC/Differential	\$ 67	Renal Function Panel	\$ 84
Chloride; Blood	\$ 34	Sodium	\$ 33
Compatibility Test, Electronic	\$ 139	Surgical Pathology, Level 4	\$ 274
Comprehensive Metabolic Panel	\$ 166	Troponin	\$ 112
Creatine Kinase	\$ 55	TSH	\$ 143
Glucose, Blood, Quantitative	\$ 33	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).