



## Charge Rates as of : 01/01/2019

**The prices below are only examples of our prices, and reflect only a portion of an entire bill.  
The prices listed below do not include physician fees and are subject to change.**

The charge information below is provided in compliance with the Illinois Health Finance Reform Act and the Affordable Care Act which require hospitals to make public their standard charges for items and services. For a copy of the notice, a complete list of charges, and for additional information about understanding hospital charges, please visit our website at [www.iroquoismemorialhospital.org](http://www.iroquoismemorialhospital.org) For patients seeking price estimates on specific services, please contact the Hospital Business Office at **815-432-7706**.

### Inpatient Room & Board Rates( Excludes ancillary, supplies, pharmacy & other service charges)

Room Rate	\$732.70
Telemetry Monitored Room Rate	\$1426.80
Med Surg Room Rate	\$767.00
ICU Room Rate	\$1462.20

### Emergency Room Visit Rates (excludes physician professional charge, ancillary, supplies, pharmacy & other service charges)

Emergency Room Level 1	\$163.90
Emergency Room Level 2	\$346.50
Emergency Room Level 3	\$528.60
Emergency Room Level 4	\$843.00
Emergency Room Level 5	\$1104.90
Emergency Room Level 6	\$1640.50

### Operating Room

Level 1 Initial 30 minute increment	\$853.20
Subsequent 30 minute increment	\$14.50
Level 2 Initial 30 minute increment	\$1936.70
Subsequent 30 minute increment	\$25.20
Level 3 Initial 30 minute increment	\$3339.50
Subsequent 30 minute increment	\$33.70
Level 4 Initial 30 minute increment	\$3182.50
Subsequent 30 minute increment	\$47.70
Level 5 Initial 30 minute increment	\$3832.80
Subsequent 30 minute increment	\$49.80



Anesthesia (excludes Anesthesiologist/CRNA professional fees)

Initial 30 minute increment	\$380.30
Subsequent 30 minute increment	\$2.10
Nerve Block	\$756.30
Epidural Steroid Injection	\$1745.50

Colonoscopy	\$3869.20
EGD	\$3336.30
EGD & Colonoscopy (at the same time of service)	\$4260.20

EKG	\$182.10
Chest X-Ray (2 view-Chest PA/LAT)	\$300.76

Digital Mammography:

Screening:	\$336.40
Diagnostic:	\$428.50
Unilateral:	\$320.20
3D (additional charge above screening, diagnostic and unilateral service rate): \$81.40	

**\*\*Radiologist Interpretation Fees are billed separately by the Radiologist**

Blood Count	CBC	\$117.30
	CBC W/DIFF	\$87.30

Urinalysis	\$57.80
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Blood Sugar	Glucose Blood	\$38.60
Blood Chemistry	COMP, METABOLIC PANEL	\$144.10
	BASIC METABOLIC PANEL	\$114.60
RH Factor	Blood Typing Rh (D)	\$152.70
Vitamin B12 Blood		\$155.30

Cardiac Stress Test	\$793.80
Complete ECHO	\$1712.80
Holter Monitor 24/48 hour	\$657.20