



## Patient Price Information List

In compliance WITH state law, Mount Carmel Health System is providing this price list for its four hospitals – Mount Carmel East, Mount Carmel West, Mount Carmel St. Ann's and Mount Carmel New Albany – containing our charges for room and board, emergency department, operating room, delivery services, physical therapy and other procedures. Mount Carmel Health System charges 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, 2019.

As mentioned above our hospitals charge the same for all patients, however, a patient's share of the payment may vary depending on the type of coverage they have WITH their insurance company. To get an estimate of the costs of services for a particular insurance plan, please **call 614-234-6074 and request an estimate of the patient's portion of the payment.** We are committed to providing care for all of our patients, regardless of their ability to pay; therefore, patients who do not have insurance or are considered underinsured should **call 614-234-8888 to determine if they are eligible for our financial assistance programs.** Financial Counselors are available weekdays between 8am & 5pm to provide cost estimates as well as discuss options for financial assistance.

### Room and Board -- Per Day Charges

The following list included per day charges for inpatients only. Observation rates are not reflected and will be billed in addition to the per day rates, if the patient was in observation status at anytime during their stay.

#### GENERAL MED/SURG

Routine care	\$ 2,040.00
• Intermediate Care	\$ 4,680.00
• Critical/Intensive Care	\$ 5,160.00
• Palliative Care	\$ 2,040.00

#### NURSERY/NEWBORN

• Nursery	\$ 2,040.00
• Neonatal Intensive Care	\$ 5,160.00

- East, West & St. Ann's only
- West only

### Labor and Delivery Charges

The following list does not include charges for anesthesia, drugs, or supplies required for a particular delivery room procedure nor does it include room charges. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.

#### NORMAL DELIVERY

• Level I	Routine	\$ 2,901.00
• Level II	Complicated	\$ 5,516.00

#### CESAREAN SECTION DELIVERY

• Level I	Routine	\$ 4,921.00
• Level II	Complicated	\$ 8,707.00

- East, West & St. Ann's only

### 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 care, reflect the type of accommodations needed, personnel resources, intensity of care and 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 services.

• ER Visit - Level 1	\$ 294.00
• ER Visit - Level 2	\$ 682.00
• ER Visit - Level 3	\$ 1,472.00
• ER Visit - Level 4	\$ 2,345.00
• ER Visit - Level 5	\$ 3,045.00
• ER Visit - Critical Care First 31-74 Minutes	\$ 4,250.00
Critical Care Additional 30 Minutes	\$ 301.00
• Trauma Activation Fee	\$ 9,413.00

- East, West, Grove City & St. Ann's only

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### Operating Room Charges

Operating Room charges are based on a per minute room and per minute labor charge. Recovery time is charged by a per hour complexity level. Additional charges will be made for the supplies used in the course of the surgery.

	MINOR per 15 mins	MAJOR per 30 mins	COMPLEX per 30 mins
° CARDIOTHORACIC			
Initial	\$ 5,431.00	\$ 8,995.00	\$ 11,013.00
Additional	\$ 559.00	\$ 1,610.00	\$ 2,459.00
° EAR/NOSE/THROAT			
Initial	\$ 5,805.00	\$ 11,098.00	\$ 12,889.00
Additional	\$ 679.00	\$ 2,064.00	\$ 3,380.00
° EYE			
Initial	\$ 4,753.00	\$ 5,906.00	\$ 7,811.00
Additional	\$ 203.00	\$ 1,725.00	\$ 1,674.00
° GENERAL			
Initial	\$ 7,086.00	\$ 10,881.00	\$ 12,597.00
Additional	\$ 474.00	\$ 1,959.00	\$ 2,893.00
° GYN			
Initial	\$ 6,533.00	\$ 8,637.00	\$ 11,485.00
Additional	\$ 475.00	\$ 3,246.00	\$ 3,688.00
° MAX FACIAL			
Initial	\$ 5,601.00	\$ 11,827.00	\$ 12,123.00
Additional	\$ 531.00	\$ 1,225.00	\$ 2,297.00
° NEURO			
Initial	\$ 6,896.00	\$ 10,115.00	\$ 10,547.00
Additional	\$ 618.00	\$ 2,023.00	\$ 2,834.00
° ORTHO			
Initial	\$ 3,439.00	\$ 5,182.00	\$ 5,204.00
Additional	\$ 1,835.00	\$ 3,994.00	\$ 4,783.00
° PLASTIC			
Initial	\$ 6,973.00	\$ 9,170.00	\$ 9,893.00
Additional	\$ 443.00	\$ 785.00	\$ 1,770.00
° ROBOTICS			
Initial		\$ 15,000.00	\$ 17,000.00
Additional		\$ 4,500.00	\$ 5,500.00
° SPINE			
Initial	\$ 7,492.00	\$ 9,320.00	\$ 10,312.00
Additional	\$ 683.00	\$ 1,415.00	\$ 2,972.00
° TRAUMA			
Initial	\$ 4,268.00	\$ 5,182.00	\$ 5,204.00
Additional	\$ 2,277.00	\$ 3,996.00	\$ 4,781.00
° UROLOGY			
Initial	\$ 5,853.00	\$ 9,219.00	\$ 15,761.00
Additional	\$ 238.00	\$ 2,424.00	\$ 4,066.00
° VASCULAR			
Initial	\$ 7,107.00	\$ 10,589.00	\$ 12,912.00
Additional	\$ 967.00	\$ 2,518.00	\$ 3,075.00

° East, West, & St. Ann's only

° East, West, New Albany & St. Ann's only

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### 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 LOW COMPLEXITY	\$ 158.00
EVALUATION MODERATE COMPLEXITY	\$ 237.00
EVALUATION HIGH COMPLEXITY	\$ 356.00
GAIT TRAINING-15 MIN	\$ 74.00
MANUAL THERAPY TECHNIQUE-15 MIN	\$ 100.00
NEUROMUSCULAR RE-EDUCATION-15 MIN	\$ 111.00
SELF-CARE MANAGEMENT TRAINING OF DAILY LIVING-15 MIN	\$ 85.00
THERAPEUTIC ACTIVITIES-15 MIN	\$ 91.00
THERAPEUTIC EXERCISES-15 M	\$ 107.00
ULTRASOUND THERAPY-15 MIN	\$ 44.00

### Occupational Therapy Charges<sup>1</sup>

The following charges reflect the most common services offered by our Occupational Therapy department. Patients may have additional charges, depending on the services performed.

COGNITIVE SKILLS TRAINING-15 MIN	\$ 83.00
RE-EVALUATION PATIENT	\$ 101.00
NEUROMUSCULAR RE-EDUCATION-15 MIN	\$ 111.00
EVALUATION LOW COMPLEXITY	\$ 154.00
PERFORMANCE TEST-15 MIN	\$ 112.00
SELF-CARE MANAGEMENT TRAINING OF DAILY LIVING - 15 MIN	\$ 85.00
EVALUATION MODERATE COMPLEXITY	\$ 230.00
THERAPEUTIC ACTIVITY-15 MIN	\$ 91.00
THERAPEUTIC EXERCISES-15 M	\$ 107.00
THERAPEUTIC PROCEDURE(S) GROUP	\$ 69.00

<sup>1</sup> East, West & St. Ann's only

### 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.

BIPAP INITIATION AND MANAGEMENT SUBSEQUENT	\$ 238.00
BIPAP INITIATION AND MANAGEMENT INITIAL	\$ 238.00
CHEST PHYSIOTHERAPY SUBSEQUENT	\$ 57.00
CPAP INITIATION & MANAGEMENT DAILY	\$ 238.00
PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT	\$ 153.00
OSCILLATION CHEST MECHANICAL PER SESSION	\$ 291.00
VENTILATOR EACH SUBSEQUENT DAY	\$ 401.00
CHEST PHYSIOTHERAPY INITIAL	\$ 93.00
VENTILATOR INITIAL DAY	\$ 401.00

## Patient Price Information List

### X-Ray and Radiological Charges

The following charges reflect the hospital's 30 most common x-ray and radiological procedures. There may be additional supply and contrast media charges depending on the procedure. This does not include any physician related expenses related to interpretation/reading of image results.

BONE DENSITY STUDY DXA(dual-energy x-ray absorptiometry)	\$ 513.00
CAT SCAN ABDOMEN AND PELVIS WITH CONTRAST	\$ 1,520.00
CAT SCAN ABDOMEN AND PELVIS WITHOUT CONTRAST	\$ 1,483.00
CAT SCAN CHEST WITHOUT CONTRAST	\$ 1,150.00
CAT SCAN CERVICAL SPINE WITHOUT CONTRAST	\$ 1,150.00
CAT HEAD WITHOUT CONTRAST	\$ 1,150.00
CTA CHEST WITH AND OR WITHOUT CONTRAST	\$ 1,315.00
ECHOCARDIOGRAM WITH CONTINUOUS DOPPLER COMPLETE	\$ 1,123.00
MAMMOGRAM DIGITAL SCREENING BILATERAL	\$ 122.00
MRI BRAIN WITH AND OR WITHOUT CONTRAST	\$ 2,130.00
MRI BRAIN WITHOUT CONTRAST	\$ 1,476.00
MRI LUMBAR SPINE WITHOUT CONTRAST	\$ 1,476.00
ULTRASOUND ABDOMEN LIMITED	\$ 564.00
ULTRASOUND BLADDER RESIDUAL URINE	\$ 119.00
ULTRASOUND PELVIS NON-OBSTETRIC COMPLETE	\$ 658.00
ULTRASOUND PREG FOLLOW-UP PER FETUS	\$ 480.00
ULTRASOUND PREG < 14 WEEKS SINGLE/1ST GESTATION	\$ 493.00
ULTRASOUND PREG TRANSVAGINAL	\$ 364.00
ULTRASOUND RETROPERITONEAL COMPLETE	\$ 695.00
ULTRASOUND TRANSVAGINAL	\$ 660.00
XRAY ABDOMEN 1 VIEW	\$ 178.00
XRAY CHEST 1 VIEW	\$ 267.00
XRAY CHEST 2 VIEWS	\$ 267.00
XRAY KNEE 4 OR VIEWS LT	\$ 285.00
XRAY L-SPINE 2-3 VIEWS	\$ 285.00
XRAY ANKLE 3 OR MORE VIEWS RIGHT	\$ 285.00
XRAY FOOT 3 OR MORE VIEWS RIGHT	\$ 178.00
XRAY PELVIS 1-2 VIEWS	\$ 285.00
XRAY SHOULDER 2 OR MORE VIEW LEFT	\$ 285.00
XRAY SHOULDER 2 OR MORE VIEWS RIGHT	\$ 285.00

## Patient Price Information List

### Laboratory Charges

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

ANTI-SERUM RED BLOOD CELL	\$ 34.00
BACTERIAL DNA/RNA	\$ 192.00
BASIC METABOLIC PANEL	\$ 40.00
BLOOD TYPE RH	\$ 17.00
BLOOD TYPE ABO	\$ 17.00
BLOOD GAS WITH OXYGEN SATURATION	\$ 156.00
BLOOD GAS PH	\$ 106.00
CALCIUM IONIZED	\$ 75.00
COMPLETE BLOOD COUNT WITH AUTO DIFFERENTIAL	\$ 21.00
COMPLETE BLOOD COUNT	\$ 36.00
COMPENSIVE METABOLIC PANEL	\$ 58.00
CREATININE	\$ 28.00
CROSSMATCH IMMEDIATE SPIN	\$ 71.00
CULTURAL COLONOCY COUNT URINE	\$ 44.00
CULTURE BLOOD	\$ 57.00
DRUG SCREEN ANY CLASS	\$ 190.00
HEPATIC FUNCTION PANEL	\$ 35.00
LACTIC ACID	\$ 59.00
LIPASE	\$ 38.00
MAGNESIUM	\$ 32.00
NATRIURETIC PEPTIDE	\$ 187.00
PARTIAL PROTHROMBIN TIME	\$ 33.00
PHOSPHORUS	\$ 33.00
PROTHROMBIN TIME	\$ 22.00
PREGNANCY TEST URINE	\$ 35.00
THYROID STIMULATING HORMONE	\$ 92.00
TROPONIN QUANTITATIVE	\$ 54.00
URINALYSIS WITH MICRO AUTOMATED	\$ 9.00
URINALYSIS WITHOUT MICRO NON-AUTOMATED	\$ 13.00
URINALYSIS WITH MICRO AUTOMATED	\$ 12.00



# Patient Price Information List

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## Hospital Billing Policies

Mount Carmel Health System is committed to providing the highest quality health care to every patient, regardless of the ability to pay. We offer the information contained here to help you understand your hospital bill, health insurance requirements and financial assistance options. Patients may also call (614) 234-8888 or (800) 346-1009 to speak to a representative for assistance.

### Patients With Health Insurance

Mount Carmel Health System accepts Medicare, Medicaid, managed care, commercial, and work-related insurance plans. Payment of your financial obligation is required at the time of service. Mount Carmel Health System will bill your primary insurance company for you. If you have secondary insurance coverage, Mount Carmel Health System will bill that company, after your primary insurance benefits are processed. As a patient, you assume responsibility for paying any charges that your insurance company denies or does not pay. If you have questions about your financial obligation, or about other benefits, call your insurance company directly.

### Patients Without Health Insurance

Patients who wish to schedule elective medical and/or maternity services are required to pay in full prior to coming in for the service. A Patient Financial Specialist will contact you prior to your scheduled service to arrange for payment of your bill. You may make an acceptable payment plan to resolve the account balance and any other outstanding obligations at that time.

### Payment Options

You may pay for services online at [www.mountcarmelhealth.com](http://www.mountcarmelhealth.com), via "check by phone," or by personal check, credit card, bank loan, or cash. You may also make arrangements to pay an acceptable monthly amount. There will be a fee charged for checks returned unpaid. Mount Carmel Health System does not charge interest for financial obligations that are paid within the regular Mount Carmel Health System billing cycle or through a mutually acceptable payment arrangement. Financial counselors are available for consultation while you are a patient at Mount Carmel East, West, St. Ann's or New Albany to help you resolve your hospital bill. If you have any questions, contact your Patient Financial Specialist, who can provide financial counseling services.

### Health Insurance Exchange

Everyone deserves access to affordable healthcare. If you would like more of a more affordable health plan or are presently uninsured, please call (614) 334-4093 for a representative at My Health Quoter ([myhealthquoter.com](http://myhealthquoter.com)) or call (866) 227-7117 for a representative at Insurance Spark to answer your questions.

### Financial Assistance

If you cannot pay the balance of your bill in full, contact Mount Carmel Health System. Two options are available for financial assistance. Medically unnecessary procedures may not qualify.

#### **Option 1: Hospital Care Assurance Program (HCAP)**

The Hospital Care Assurance Program (HCAP) is available to patients:

- who are Ohio residents
- who are not currently receiving Medicaid benefits
- whose personal/family income is at or below federal poverty income guidelines

***If you apply and are eligible for this program, you will not be billed for hospital services. You will be responsible for paying your physicians' bills. For more information, call 614-234-8796.***

#### **Option 2: Mount Carmel Financial Assistance Programs**

Provides financial assistance programs based upon a patient's income, expenses, and other circumstances.

### Other Bills for Your Treatment

Your bill from Mount Carmel Health System is only for hospital services. Depending on the services you received, you may be billed by your personal physician, other physicians who were involved in your care, and/or physicians who administered/interpreted your test results, including, but not limited to, bills for such services as emergency care, radiology, pathology, and anesthesiology. If you have questions about any bill you receive other than a bill from Mount Carmel Health System, you should call the office that sent the bill directly.

### Price Information

A phone line is available for patients to request non-published pricing information for patients on a case-by-case basis. That number is (614) 234-6074.

### Automated Touch-Tone Service

Mount Carmel Health System's Automated Touch-Tone Service offers quick answers to many common questions about your account. You must have your account number ready when you call. It can be found on the statement that you received from Mount Carmel Health System. Access to this service is available 24-hours-a-day.

Patient Financial Services: (614) 234-8888 or (800) 346-1009 Regular Business Hours 8 a.m. - 4:45 p.m. Monday - Friday