



2019 Self-Pay Package Pricing



The package prices are discounted in exchange for prompt payment, the day of service.

Discounts

Do Not Apply to Packaged Prices Below

- **25% discount** if paid on the date of the hospital statement (approximately 7-10 days after the date of service).
- **20% discount** if paid in 30 days

IBM/Watson Health

**100 TOP
HOSPITALS**

Multi-Year Winner

The package prices are discounted in exchange for prompt payment, the day of service.

2019 SELF-PAY PACKAGE PRICING

Wooster ENT, Drs. Hessler, A. Mathur, K. Mathur, & Wartmann		330.264.9699
North Central Ohio Ear Nose & Throat Surgeons, Inc., Dr. Grimes		330.621.8013
ENT Procedures	CPT Code(s)	Price
Bilateral ear tubes (myringotomy)	69436	\$1,190
Tonsillectomy - <12 yrs old	42825	\$1,865
Tonsillectomy - >12 yrs old	42826	\$1,892
Tonsillectomy & myringotomy - <12 yrs old	69436 & 42825	\$2,157
Tonsillectomy & myringotomy - >12 yrs old	69436 & 42826	\$2,173
Tonsillectomy & adenoidectomy (T&A) - <12 yrs old	42820	\$1,892
Tonsillectomy & adenoidectomy (T&A) - >12 yrs old	42821	\$1,919
T&A including myringotomy - <12 yrs old	69436 & 42820	\$2,532
T&A including myringotomy - >12 yrs old	69436 & 42821	\$2,532
Adenoidectomy - <12 yrs old	42830	\$1,714
Adenoidectomy - >12 yrs old	42831	\$1,714
Adenoidectomy & myringotomy - <12 yrs old	69436 & 42830	\$2,077
Adenoidectomy & myringotomy - >12 yrs old	69436 & 42831	\$2,077

Fee includes: hospital, surgeon, anesthesiologist and pathologist (fee may increase if cancer is suspected), 1 pre-operative and 1 post-operative office visit with the surgeon. Cash payment must be made the day of the procedure.
Fee assumes procedure is performed without complications.

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2019 SELF-PAY PACKAGE PRICING

Bloomington Women's Care
Dr. Marcanthony

330.202.5662

OB/GYN Procedures	CPT Code(s)	Price
Cerclage of cervix/revision of cervix	59320	\$3,232
Vaginal/laparoscopic hysterectomy, <250Gm LAVH/BSO	58552	\$11,525
Vaginal/laparoscopic hysterectomy, >250Gm LAVH/BSO	58554	\$11,929
Vaginal/laparoscopic hysterectomy, <250Gm LAVH Only	58550	\$7,666
Vaginal/laparoscopic hysterectomy, >250Gm LAVH Only	58553	\$11,686
Hysteroscopy biopsy, with or without D&C	58558	\$3,676
D&C (dilation & curettage)	58120	\$3,617
Miscarriage, 1st trimester, suction D&E	59820	\$3,822
Miscarriage, 2nd trimester, suction D&E	59821	\$3,824
Laparoscopy with tubal block	58670	\$6,394
Anterior repair, vagina & bladder	57240	\$6,374
Posterior repair, rectum & vagina	57250	\$6,377
Anterior & posterior repair, vagina	57260	\$6,576
Repair of enterocele (bowel bulge), vaginal	57268	\$4,538
(1) C-section DRG 766	59510	\$8,188
Tubal w/C-section DRG 766	59510	\$8,368
(2) Vaginal delivery DRG 775	59400	\$6,380
Vaginal birth after cesarean (VBAC) DRG 775	59610	\$6,515
Total abdominal hysterectomy (inpatient) DRG 742	58150	\$14,187
Total vaginal hysterectomy	58260	\$7,068
Total vaginal hysterectomy w/BSO	58262	\$7,180
Bladder suspension/TVT/TVTO	57288	\$6,185
Hysterosalpingography	58340 & 74740	\$363
Salpingo-oophorectomy (complete or partial/unilat or bilat) laproscopic	58661	\$7,239
Total vaginal hysterectomy with AP repair	58270	\$6,913
Tubal ligation w/epidural	58671	\$3,161

Fee includes: hospital, surgeon, anesthesiologist and pathologist (fee may increase if cancer is suspected), 1 pre-operative and 1 post-operative office visit with the surgeon. Procedures must be done by the listed physicians.
(1) C-section Includes: 1st ultrasound (done in office), prenatal office visits, six-week postpartum/post-op follow up, and 72 hours length of stay for mom and infant.
(2) Vaginal delivery Includes: 1st ultrasound (done in office), prenatal office visits, six-week postpartum follow up, and 48 hours length of stay for mom and infant.
(1&2) Requires monthly payment. Payment is required in full by week 32. **For questions please call: 330.202.5662.**

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2019 SELF-PAY PACKAGE PRICING

Wooster OB/GYN
Drs. Benekos, Weeman, Shriner, Seals, & Holmes Mason

330.345.2229

OB/GYN Procedures	CPT Code(s)	Price
Cerclage of cervix/revision of cervix	59320	\$3,257
Vaginal/laparoscopic hysterectomy, <250Gm LAVH/BSO	58552	\$11,779
Vaginal/laparoscopic hysterectomy, >250Gm LAVH/BSO	58554	\$11,779
Vaginal/laparoscopic hysterectomy, <250Gm LAVH Only	58550	\$8,051
Vaginal/laparoscopic hysterectomy, >250Gm LAVH Only	58553	\$11,881
Hysteroscopy biopsy, with or without D&C	58558	\$3,886
D&C (dilation & curettage)	58120	\$3,699
Miscarriage, 1st trimester, suction D&E	59820	\$3,907
Miscarriage, 2nd trimester, suction D&E	59821	\$3,912
Laparoscopy with tubal block	58670	\$6,453
Anterior repair, vagina & bladder	57240	\$6,575
Posterior repair, rectum & vagina	57250	\$6,580
Anterior & posterior repair, vagina	57260	\$6,791
Repair of enterocele (bowel bulge), vaginal	57268	\$4,617
(1) C-section DRG 766	59510	\$8,445
Tubal w/C-section DRG 766	58611	\$8,895
(2) Vaginal delivery DRG 775	59400	\$6,611
Vaginal birth after cesarean (VBAC) DRG 775	59610	\$6,913
Total abdominal hysterectomy (inpatient) DRG 742	58150	\$14,346
Total vaginal hysterectomy	58260	\$7,294
Total vaginal hysterectomy w/BSO	58262	\$7,294
Bladder suspension/TVT/TVTO	57288	\$6,297
Hysterosalpingography	58340 & 74740	\$448
Salpingo-oophorectomy (complete or partial/unilat or bilat) laproscopic	58661	\$7,418
Total vaginal hysterectomy with AP repair	58270	\$7,054
Tubal ligation w/epidural	58671	\$3,218

Fee includes: hospital, surgeon, anesthesiologist and pathologist (fee may increase if cancer is suspected), 1 pre-operative and 1 post-operative office visit with the surgeon. Procedures must be done by the listed physicians.
(1) C-section Includes: 1st ultrasound (done in office), prenatal office visits, six-week postpartum/post-op follow up, and 72 hours length of stay for mom and infant.
(2) Vaginal delivery Includes: 1st ultrasound (done in office), prenatal office visits, six-week postpartum follow up, and 48 hours length of stay for mom and infant.
(1&2) Requires monthly payment. Payment is required in full by week 32. **For questions please call: 330.345.2229.**

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2019 SELF-PAY PACKAGE PRICING

WCH Surgical Associates, Drs. Calabretta, Cebul, Peabody, Robotham		330.287.2595
Wooster Plastic & Reconstructive Surgery, Dr. Slaby		330.202.3350
General Surgery Procedures	CPT Code(s)	Price
**Procedure performed by Dr. Slaby		
* = Inpatient only		
Inguinal hernia repair, w/o mesh (unilateral)	49505	\$4,490
Inguinal hernia repair, w/mesh (unilateral)	49505 & 49568	\$4,820
Inguinal hernia repair, laparoscopic, w/o mesh (unilateral)	49650	\$6,436
Laparoscopic inguinal hernia repair w/mesh (unilateral)	49650 & 49568	\$6,846
Laparoscopic inguinal hernia repair w/mesh (bilateral)	49650 & 49568	\$6,926
Laparoscopic cholecystectomy w/o cholangiography	47562	\$7,148
Laparoscopic cholecystectomy w/cholangiography	47563	\$7,219
Laparo cholecystectomy/explr	47564	\$7,226
Open cholecystectomy w/o cholangiography* DRG 416	47600	\$12,283
Open cholecystectomy w/cholangiography* DRG 413	47605	\$14,404
Screening colonoscopy (Cebul)	45378	\$1,122
Diagnostic colonoscopy (Cebul)	45380	\$1,773
Screening Colonoscopy with general anesthesia		\$1,362
Diagnostic Colonoscopy with general anesthesia		\$2,013
Debridement & possible skin graft Debridement Skin graft	15002, 15002 & 15100	\$5,399
Open umbilical hernia repair, w/o mesh	49585	\$4,397
Open umbilical hernia repair, w/mesh	49585 & 49568	\$4,727
Modified radical mastectomy Lymph node biopsy Sentinel lymph node tracer	19307, 38525 & 38792	\$13,277
Laparoscopic unilateral inguinal hernia w/mesh + umbilical hernia repairs	49650, 49568 & 49585	\$10,922
Laparoscopic bilateral inguinal hernia w/mesh + umbilical hernia repairs	49650, 49568 & 49585	\$11,002
Laparoscopic bilateral inguinal hernia w/mesh + umbilical hernia repairs	49650, 49568 & 49585	\$11,042

Fee includes: hospital, surgeon, anesthesiologist and pathologist (fee may increase if cancer is suspected), 1 pre-operative and 1 post-operative office visit with the surgeon (not included in colonoscopy packages).

Services must be performed by the above listed physicians. Cash payment must be made the day of the procedure.

Fee assumes procedure is performed without complications.

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2019 SELF-PAY PACKAGE PRICING

WCH Surgical Associates, Drs. Calabretta, Cebul, Peabody, Robotham

330.287.2595

Wooster Plastic & Reconstructive Surgery, Dr. Slaby

330.202.3350

General Surgery Procedures	CPT Code(s)	Price
**Procedure performed by Dr. Slaby		
* = Inpatient only		
EGD (upper endoscopy)	43235	\$1,064
EGD (upper endoscopy)	43239	\$1,084
Litholapaxy	52318	\$4,293
Removal of hydrocele	55040	\$4,066
Endovenous laser 1st vein	36478	\$3,632
Endovenous laser vein add-on	36479	\$168
Dilate urethra stricture	53620	\$901
Probe nasolacrimal duct	68811	\$2,535
Cystoscopy & ureter catheter	52005	\$2,490
Cysto/uretero w/lithotripsy	52356	\$5,535
Fragmenting of kidney stone	50590	\$4,644
Cystoscopy and treatment	52332	\$3,822
Exc neck tum deep < 5 cm	21556	\$3,689
Debride skin musc at fx site	11011	\$1,061
Deb skin bone at fx site	11012	\$3,367
Laparoscopy appendectomy	44970	\$7,158
Repair vagina/perineum	57210	\$3,398
Removal of nose polyp(s)	30115	\$3,760
Laparoscopy pyeloplasty	50544	\$11,573
Lithotripsy/stent	52356	\$5,695
Excision, malignant lesion, face	11644	\$2,544
Insertion of port	36561	\$3,900
Thyroidectomy uni	60220	\$7,399
Thyroidectomy total	60240	\$7,660

Fee includes: hospital, surgeon, anesthesiologist and pathologist (fee may increase if cancer is suspected), 1 pre-operative and 1 post-operative office visit with the surgeon.

Services must be performed by the above listed physicians. Cash payment must be made the day of the procedure.

Fee assumes procedure is performed without complications.

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2019 SELF-PAY PACKAGE PRICING

Wooster Plastic & Reconstructive Surgery Dr. Slaby

330.202.3350

Elective Surgery Procedures	CPT Code(s)	Price
Blepharoplasty - lower eyelid	15820	\$2,830
Blepharoplasty - lower eyelid- bilateral	15820	\$3,370
Blepharoplasty - lower eyelid	15821	\$2,880
Blepharoplasty - lower eyelid - bilateral	15821	\$3,395
Blepharoplasty - upper eyelid	15822	\$2,700
Blepharoplasty - upper eyelid - bilateral	15822	\$3,270
Blepharoplasty - upper eyelid	15823	\$3,517
Blepharoplasty - upper eyelid - bilateral	15823	\$4,414
Plastic surgery, neck	15825	\$3,652
Removal of face wrinkles (face lift)	15828	\$3,892
Removal excessive skin, thigh	15832	\$4,196
Removal excessive skin, thigh - bilateral	15832	\$4,880
Removal excessive skin, hip	15834	\$4,378
Removal excessive skin, hip - bilateral	15834	\$4,960
Removal excessive skin, arm	15836	\$4,320
Removal excessive skin, arm - bilateral	15836	\$5,300
Removal excessive skin, forearm/hand	15837	\$3,645
Abdominoplasty	15830 & 15847	\$7,658
Mini-abdominoplasty	15830 & 15847	\$7,294
Gynecomastia	19300	\$5,912
Gynecomastia bilateral	19300	\$4,287
Breast reduction	19318	\$4,000
Breast reduction - bilateral	19318	\$6,000
Breast lift	19316	\$5,759
Breast lift - bilateral	19316	\$5,840
Breast implants--saline	19325	\$4,830
Breast implants--silicone	19325	\$5,550

Fee includes: hospital, surgeon, anesthesiologist and pathologist (fee may increase if cancer is suspected), 1 pre-operative and 1 post-operative office visit with the surgeon.

Services must be performed by the above listed physicians. Cash payment must be made the day of the procedure.

Fee assumes procedure is performed without complications.

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2019 SELF-PAY PACKAGE PRICING

Wooster Plastic & Reconstructive Surgery Dr. Slaby		330.202.3350
Elective Surgery Procedures	CPT Code(s)	Price
Breast implants--saline - bilateral	19325	\$6,000
Breast implants--silicone - bilateral	19325	\$6,750
Breast implant removal	19371	\$5,045
Breast implant removal - bilateral	19371	\$4,725
Rhinoplasty	30400	\$6,630
Rhinoplasty	30430	\$6,475
Rhinoplasty	30450	\$7,689
Chemodenervation, face	64612	\$953
Brow ptosis repair (brow lift)	67900	\$3,612
Brow ptosis repair (brow lift) - bilateral	67900	\$2,932
Otoplasty	69300	\$3,186
Otoplasty - bilateral	69300	\$4,185
Lower body lift (hips & abdominoplasty) (both CPTs are bilateral)	15834 & 15847	\$3,845

Fee includes: hospital, surgeon, anesthesiologist and pathologist (fee may increase if cancer is suspected), 1 pre-operative and 1 post-operative office visit with the surgeon.
 Services must be performed by the above listed physicians. Cash payment must be made the day of the procedure.
Fee assumes procedure is performed without complications.

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2019 SELF-PAY PACKAGE PRICING

Ohio State Medical Center Sports Medicine Orthopaedics
Drs. Chicorelli & Borruso

330.202.3420

Elective Surgery Procedures	CPT Code(s)	Price
**Procedure performed by Dr. Slaby		
**Carpal tunnel - unilateral (open)	64721	\$2,898
**Carpal tunnel - bilateral (open) - bilateral	64721	\$2,978
Total hip replacement DRG 470	27130	\$16,752
Revision of total hip arthroplasty, both components DRG 468	27134	\$23,019
Revision of total hip arthroplasty, acetabular component only DRG 468	27137	\$22,478
Revision of total hip arthroplasty, femoral component only DRG 468	27138	\$22,548
Total hip, anterior	27130	\$16,832
Shoulder rotator cuff arthroscopy	29827	\$8,549
Shoulder arthroscopy	29824 & 29826	\$4,480
Total shoulder replacement DRG 483	23472	\$19,303
Total knee replacement, unilateral DRG 470 INPATIENT	27447	\$16,711
Total knee replacement, bilateral DRG 462 INPATIENT	27447	\$25,219
Total knee replacement, unilateral, OUTPATIENT	27447	\$15,606
Revision of knee joint, unicompartmental DRG 468	27446	\$21,976
Knee revision, with or without allograft, one component DRG 468	27486	\$22,354
Knee revision, femoral & entire tibial component DRG 468	27487	\$22,785
Arthroscopic ACL knee with allograft	29888	\$8,856
Knee arthroscopy	29880	\$4,411
Knee arthroscopy	29881	\$4,386
Knee arthroscopy	29882	\$4,577
Knee arthroscopy	29883	\$4,756
Knee arthroscopy	29877	\$4,483
Knee arthroscopy	29874	\$4,381
below knee amputation DRG 240	27880	\$21,047
Above knee amputation DRG 240	27590	\$20,906
repair of kneecap tendon	27380	\$7,553
Treatment of ankle fracture	27792	\$7,618

Fee includes: hospital, surgeon, anesthesiologist and pathologist (fee may increase if cancer is suspected), 1 pre-operative and 1 post-operative office visit with the surgeon.

Services must be performed by the above listed physicians. Cash payment must be made the day of the procedure.

Fee assumes procedure is performed without complications.

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2019 SELF-PAY PACKAGE PRICING

Ohio State Medical Center Sports Medicine Orthopaedics Drs. Chicorelli & Borruso

330.202.3420

Orthopedic Procedures	CPT Code(s)	Price
ORIF, ankle	27814	\$7,764
ORIF, wrist	25574	\$7,647
Wrist fracture	25606	\$3,940
labral tear	29807	\$8,088
treat heel fracture	28415	\$8,743
N block other peripheral	64450	\$772
pin finger fracture each	26756	\$3,643
treat fx rad intra-articul	25608	\$7,828

Fee includes: hospital, surgeon, anesthesiologist and pathologist (fee may increase if cancer is suspected), 1 pre-operative and 1 post-operative office visit with the surgeon.

Services must be performed by the above listed physicians. Cash payment must be made the day of the procedure.

Fee assumes procedure is performed without complications.

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2019 SELF-PAY PACKAGE PRICING

Wooster Orthopaedic & Sports Medicine Center Drs. Knapic, Miller & Widmer

330.804.9712

Orthopedic Procedures	CPT Code(s)	Price
Total knee replacement, unilateral DRG 470	27447	\$17,408
Total knee replacement, bilateral DRG 462	27447	\$28,252
Total knee, unilateral, unicompartmental, OUTPATIENT	27447	\$15,353
Revision of knee joint, unicompartmental DRG 468	27446	\$22,521
Knee revision, with or without allograft, one component	27486	\$22,936
Knee revision, femoral & entire tibial component	27487	\$23,412
Total hip replacement	27130	\$17,448
Total hip replacement OUTPATIENT	27130	\$15,392
Revision of total hip arthroplasty, both components	27134	\$23,790
Revision of total hip arthroplasty, acetabular component only	27137	\$23,187
Revision of total hip arthroplasty, femoral component only	27138	\$23,266
Total hip, anterior	27130	\$17,529
Total shoulder replacement DRG 483	23472	\$20,174
Microdiscectomy, 1 level	63030	\$8,162
Anterior Cervical Discectomy & Fusion	22554	\$14,571
Laminectomy, 1 level	63047	\$8,345
Below Knee Amputation	27880	\$21,194
Above knee Amputation	27590	\$21,034

Fee includes: hospital, surgeon, anesthesiologist and pathologist (fee may increase if cancer is suspected), 1 pre-operative and 1 post-operative office visit with the surgeon.
Services must be performed by the above listed physicians. Cash payment must be made the day of the procedure.
Fee assumes procedure is performed without complications.

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2019 SELF-PAY PACKAGE PRICING

Wooster Heart Group Drs. Ofori, Moodispaw, & Newton		330.202.5700
Cardiovascular Procedures	CPT Code(s)	Price
Nuclear stress test with exercise	93016, 93018 & 78456	\$1,566
Nuclear stress test without exercise (with Regadenoson) Add drug charge	93016, 93018 & 78456	\$1,566
Cardioversion	92960	\$764
Echocardiogram, complete	93306	\$665
Stress test & Stress TTE only	93017 & 93350	\$966
Left heart cath	93458	\$3,665
PCTA/stent (drug eluting)	92928	\$12,335
Surgical Specialists of Wayne County Dr. Stern		330.264.5347
Cardiovascular Procedures	CPT Code(s)	Price
Carotid Complete	93880	\$329
Venous Complete - Bilateral	93970	\$322
Venous Limited (1-leg)	93971	\$167
Arterial Complete	93923	\$186
Arterial with Exercise	93924	\$189
Fee includes: hospital, and interpreting physician fee. Cash payment must be made the day of the procedure. There have been no arrangement made with Cleveland Clinic to date. Fee assumes procedure is performed without complications.		

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2019 SELF-PAY PACKAGE PRICING

Wooster Community Hospital Imaging Services

**WCH Business Office:
330.263.8158**

MRI

Test	CPT code	Pricing
MRI w/o contrast, per exam		\$373
MRI w/contrast, per exam		\$662
MRI w/o & w/contrast, per exam		\$551
MRI, breast		\$362

**To schedule a MRI please
call 330.263.8660
*Physicians order required***

Fee includes: hospital and radiologist interpretation. Cash payment must be made the day of the procedure.

Imaging Tests

Test	CPT code	Pricing
PET scan	78815	\$1,728
Chest x-ray & all plain films		\$127
Mammogram		\$140
Ultrasound (basic)		\$222
Breast Ultrasound		\$145
Low-dose lung screening		\$201

**To schedule an
imaging test please call
330.263.8660
*Physicians order required***

Fee includes: hospital and radiologist interpretation. Cash payment must be made the day of the procedure.

Computerized Topography Scan

Test	CPT code	Pricing
CT with contrast	74177	\$526
CT without contrast	74176	\$360
CT with and without contrast	74178	\$526
CTA		\$526

**To schedule an a CT scan
please call 330.263.8660
*Physicians order required***

Fee includes: hospital and radiologist interpretation. Cash payment must be made the day of the procedure.

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2019 SELF-PAY PACKAGE PRICING

Drs. Friedman & Ramanathan		330.263.8416
WCH Inpatient Rehabilitation	CPT Code(s)	Price
Day Inpatient Rehab Stay		\$1,535 per day
Fee includes: All services provided at Wooster Community Hospital. Payment for the anticipated number of days is expected at the time of admission.		

Drs. Friedman & Ramanathan		330.263.8400
WCH Inpatient Rehabilitation	CPT Code(s)	Price
Sleep study first night	95810	\$1,197
Sleep study second night	95811	\$1,203
Multiple sleep latency test (MSLT)	95805	\$1,114
Sleep study, unattended	95806	\$233
Fee includes: All services provided at Wooster Community Hospital. Payment for the anticipated number of days is expected at the time of admission.		

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2019 SELF-PAY PACKAGE PRICING

HealthPoint Rehab Outpatient Services Occupational Therapy, Physical Therapy and Speech Therapy		330.202.3300
WCH Inpatient Rehabilitation	CPT Code(s)	Price
Physical Therapy Evaluation		\$125
Physical Therapy Treatment		\$95
Occupational Therapy Evaluation		\$125
Occupational Therapy Treatment		\$95
Speech Therapy Evaluation		\$125
Speech Therapy Treatment		\$85

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Hospital Call Center

Providing Assistance to You

Monday - Thursday

8:00am – 5:00pm

Friday

8:00am – 4:00pm

We can help you with the following:

- Assistance finding a new physician
- Schedule FREE transportation to appointments
- Provide details about WCH services
- Assist customers with our website
- And more...

Call Today

330.263.8144




**Wooster
Community
Hospital**

HEALTH SYSTEM

330.263.8158

1761 Beall Ave. | Wooster, OH 44691



WCH 02367 020819

www.woosterhospital.org