



Procedure Pricing

These prices are correct as of January 1, 2019

Know What You're Paying

In compliance with state law, Lake Health is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other common procedures. Lake Health's charges are the same for patients with or without medical insurance. The patient's responsibility may vary, depending on individual medical insurance.

Uninsured or underinsured patients should consult with Patient Financial Counseling staff to determine if they qualify for financial assistance.

Room and Board per Night **Cost (in \$)**

| | |
|-----------------------------|----------|
| Room Rate | 1,330.00 |
| Intensive Care | 5,590.00 |
| Cardiothoracic Surgical ICU | 6,860.00 |
| Nursery | 1,050.00 |
| Labor and Delivery Room | 1,330.00 |

Radiology **Cost (in \$)**

Prices for common radiological procedures are:

| | |
|---|----------|
| Bone Density Study | 693.00 |
| Diagnostic Mammography of One Breast | 488.00 |
| Diagnostic Mammography of Both Breasts | 551.00 |
| Screening Digital Tomography of Both Breasts | 84.00 |
| X-ray of Ankle, 3 or More Views | 500.00 |
| X-ray of Knee, 4 or More Views | 525.00 |
| X-ray of Lower and Sacral Spine, 2 or 3 Views | 564.00 |
| X-ray of Abdomen, KUB | 382.00 |
| X-ray of Chest, 1 View | 456.00 |
| X-ray of Chest, 2 Views | 529.00 |
| X-ray of Foot, 3 or More Views | 500.00 |
| X-ray of Hand, 3 or More Views | 500.00 |
| X-ray of Hip with Pelvis, 2-3 Views | 468.00 |
| X-ray of Shoulder, 2 or More Views | 468.00 |
| X-ray of Wrist, Minimum of 3 Views | 500.00 |
| CT Scan of Chest with Contrast | 3,019.00 |
| CT Scan of Abdomen and Pelvis with Contrast | 6,025.00 |
| CT Scan of Abdomen and Pelvis without Contrast | 4,938.00 |
| CT Scan of Blood Vessels in Chest with Contrast | 4,323.00 |
| CT Scan of Upper Spine without Contrast | 2,225.00 |

| | |
|---|----------|
| CT Scan of Head or Brain without Contrast | 2,353.00 |
| MRI Scan of Any Joint of Upper Extremity | 3,625.00 |
| MRI Scan of Brain without Contrast | 3,927.00 |
| Transvaginal Ultrasound Non-obstetrical | 1,072.00 |
| Ultrasound of Abdomen | 1,153.00 |
| Ultrasound of Breast | 500.00 |
| Ultrasound of Pelvis | 1,305.00 |
| Ultrasound Retroperitoneal Renal/Aorta/Nodes | 1,072.00 |
| Ultrasound of Lower Extremity | 1,349.00 |
| Ultrasound of Blood Flow on Both Sides of the Head and Neck (Outside the Brain) | 1,831.00 |

Laboratory **Cost (in \$)**

Prices for common laboratory procedures are:

| | |
|--|--------|
| Bacterial Culture for Aerobic Isolates | 76.00 |
| Basic Metabolic Panel | 207.00 |
| Blood Culture | 248.00 |
| Blood Type Determination | 74.00 |
| Blood Typing for RH Antigen | 74.00 |
| Complete Blood Cell Count, Without Auto Diff | 147.00 |
| Complete Blood Cell Count, Automated Test | 202.00 |
| Comprehensive Metabolic Panel | 278.00 |
| Culture, Strep Screen | 117.00 |
| Culture, Urine | 108.00 |
| Hemoglobin A1C | 113.00 |
| Hemoglobin Measurement | 42.00 |
| Kidney Functional Panel | 222.00 |
| Lactic Acid Level | 298.00 |
| Lipase (Fat Enzyme) Level | 221.00 |
| Lipid Panel (Cholesterol and Triglycerides) | 282.00 |
| Liver Function Panel | 232.00 |
| Magnesium Level | 119.00 |

| | |
|---|--------|
| Partial Thromboplastin Time | 119.00 |
| Prothrombin, Clotting Time | 88.00 |
| Protime (PT) | 88.00 |
| Red Blood Cell Concentration Measurement (Hematocrit) | 50.00 |
| Specimen Collection Fee | 30.00 |
| Susceptibility Study Antimicrobial Drug (Antibiotic, Antifungal, Antiviral) | 154.00 |
| Thyroid Stimulating Hormone (TSH) | 286.00 |
| Thyroxine (Thyroid Chemical) Measurement | 306.00 |
| Troponin, Quant | 221.00 |
| Urinalysis with Examination using Microscope | 119.00 |
| Vitamin B12 Level | 200.00 |
| Vitamin D25 Hydroxy | 369.00 |

Emergency Room Services **Cost (in \$)**
The prices for basic emergency room services are as follows:

| | |
|--|----------|
| ER Level 1 | 357.00 |
| ER Level 2 | 567.00 |
| ER Level 3 | 1,008.00 |
| ER Level 4 | 1,491.00 |
| ER Level 5 | 2,384.00 |
| ER Level 6/Critical Care 30-74 Minutes | 2,583.00 |

Operating Room Services **Cost (in \$)**

| | |
|-------------------------------|----------|
| OR Level 1 - 1st Hour | 2,566.00 |
| OR Level 1 - Addl. 30 Minutes | 638.00 |
| OR Level 2 - 1st Hour | 4,047.00 |
| OR Level 2 - Addl. 30 Minutes | 1,021.00 |
| OR Level 3 - 1st Hour | 6,420.00 |
| OR Level 3 - Addl. 30 Minutes | 1,659.00 |
| OR Level 4 - 1st Hour | 8,028.00 |
| OR Level 4 - Addl. 30 Minutes | 2,042.00 |
| OR Level 5 - 1st Hour | 9,381.00 |
| OR Level 5 - Addl. 30 Minutes | 2,527.00 |

Therapy Services **Cost (in \$)**

Prices for the most common physical therapy services are:

| | |
|---|--------|
| Gait Training Therapy per 15 Minutes | 152.00 |
| Manual Therapy per 15 Minutes | 183.00 |
| Neuromuscular Re-education | 195.00 |
| PT Evaluation Low Complexity - 20 Minutes | 318.00 |
| Therapeutic Activities per 15 Minutes | 183.00 |
| Therapeutic Exercise per 15 Minutes | 222.00 |

Occupational Therapy **Cost (in \$)**
Prices for the most common occupational therapy services are:

| | |
|---|--------|
| OT Evaluation Outpatient | 417.00 |
| Low Complexity - 30 Minutes | |
| Self-care Home Management Training per 15 Minutes | 125.00 |

Pulmonary Therapy **Cost (in \$)**
Prices for the most common pulmonary therapy procedures are:

| | |
|---|--------|
| Aerosol Treatment | 105.00 |
| Subsequent Aerosol Treatment | 75.00 |
| Blood Gas | 226.00 |
| Demo and Evaluation of Patient Use of Inhaler | 210.00 |
| Pulse OX | 185.00 |
| Arterial Puncture | 95.00 |

All charges are subject to change without notice.

Patients may have additional charges depending on the service performed. These charges do not include fees for the services of hospital-based anesthesiologists, radiologists, pathologists and emergency room physicians.

Please contact the following for billing information:

Anesthesia

| | |
|-----------------------|--------------|
| Anesthesia Associates | 440-350-0832 |
|-----------------------|--------------|

Radiology

| | |
|------------------------|----------------|
| Drs. Hill & Thomas Co. | 1-800-594-1876 |
|------------------------|----------------|

Hospital Charges

| | |
|-------------|--------------|
| Lake Health | 440-354-1640 |
|-------------|--------------|

Lake Health Physicians

| | |
|-----------------------------|--------------|
| Lake Health Physician Group | 800-354-1985 |
|-----------------------------|--------------|

Pathology

| | |
|----------------------|--------------|
| Drs. Hill & Chapnick | 440-274-5035 |
|----------------------|--------------|

Emergency Department Physician

| | |
|-------------------------|--------------|
| US Acute Care Solutions | 855-687-0618 |
|-------------------------|--------------|

Urgent Care

| | |
|-----------|--------------|
| Physician | 440-274-5035 |
|-----------|--------------|

Lake Health Self-pay Policy

It is the policy of Lake Health that all patients will be treated fairly and with respect regardless of their ability to pay for the services they received. We will:

- Provide counseling to all uninsured patients, including help in understanding and applying for local, state and federal health care programs such as Medicaid and HCAP.
- Describe to patients without any third party health care coverage (governmental or private) that they may apply for charge reductions through the Lake Health Uninsured Charity Care Program.
- Establish reasonable, interest-free payment plans.

Language Assistance Service

Lake Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-953-6265.

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電1-877-953-6265。

OBAVJEST: Ukoliko govorite hrvatski, usluge jezične pomoći dostupne su vam besplatno. Nazovite 1-877-953-6265

OBAVEŠTENJE: Ako govorite srpski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-877-953-6265