



The Toledo Hospital



2009 PRICE LIST

This guide provides specific pricing information for The Toledo Hospital (TTH) and Toledo Children's Hospital (TCH). Please note that professional fees are not included in these rates.

For more information, please contact the following:

TTH and TCH Pricing Hotline 1-888-838-0262

Anesthesia Consultants of Toledo 419-531-8808

Toledo Radiological Associates 419-473-2631

Consultants in Laboratory Medicine 419-534-6600

Professional Emergency Services 419-579-7777

ROOM RATES

Medical/surgical private	\$1,900
Medical/surgical semiprivate	\$1,900
Intermediate care	\$3,000
Intensive care	\$4,700
Nursery	
Routine	\$1,075
Neonatal transition	\$1,900
Neonatal intermediate	\$5,800
Neonatal max	\$6,200

EMERGENCY CENTER VISITS

Level 1	\$228
Level 2	\$280
Level 3	\$800
Level 4	\$1,429
Level 5	\$1,692

OPERATING ROOM

Extremities/hip/shoulder	
– first 15 minutes	\$6,851
– additional 15 minutes	\$894
Abdomen/perinl/breast	
– first 15 minutes	\$5,854
– additional 15 minutes	\$823
Eye – first 15 minutes	\$5,777
– additional 15 minutes	\$709
Head and neck	
– first 15 minutes	\$5,278
– additional 15 minutes	\$648

LABOR AND DELIVERY

Normal vaginal	\$3,741
Cesarean	\$5,819
Non-stress test	\$377

PULMONARY FUNCTION

Bronchial provocation study	\$1,538
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RADIOLOGY

X-ray

Abdomen 1 view	\$205
Abdomen 2 view	\$362

Ankle 3 or more views	\$426
Chest 1 view	\$205
Chest 2 views	\$304
Elbow 3 or more views	\$426
Femur 2 or more views	\$335
Foot 3 or more views	\$426
Hand 3 or more views	\$426
Hip 2 or more views	\$304
Knee 3 views	\$397
Digital mammogram diagnostic bilateral	\$374
Digital mammogram diagnostic unilateral	\$303
Digital mammogram screening bilateral	\$322
Shoulder 2 or more views	\$397
Spine cone down 1 view	\$205
Spine cervical 2 - 3 views	\$397
Spine lumbar minimum 4 views	\$455
Urography IV (IVP)	\$572
Upper gastrointestinal (GI)	\$640

CT scan

Abdomen with contrast	\$1,470
Brain without contrast	\$1,470
Chest with contrast	\$1,470
Pelvis with contrast	\$1,470

MRI

Brain without contrast	\$2,083
Cervical spine without contrast	\$2,083
Lumbar spine without contrast	\$2,083

Ultrasound

Abdomen single organ	\$875
Pelvic non-OB	\$712
Retroperitoneal organ	\$788

PHYSICAL/OCCUPATIONAL THERAPY

Electrical stimulation unattended	
– each 15 minutes	\$71
Neuromuscular re-education	
– each 15 minutes	\$114
Physical performance test	
– each 15 minutes	\$71

Physical therapy evaluation	
– up to 30 minutes	\$227
Therapeutic activity – 15 minutes	\$106
Therapeutic exercise – 15 minutes	\$101
Aquatic therapy – 15 minutes	\$92

LABORATORY

(ProMedica outreach sites only)

ALT (GPT)	\$29
AST (GOT)	\$29
Blood draw (venipuncture)	\$18
Blood type and Rh	\$129
BUN	\$28
CBC with auto differential	\$57
CBC without differential	\$34
Chemistry panel – basic	\$97
Chemistry panel – comprehensive	\$152
Chlamydia DNA (PCR)	\$108
Cholesterol	\$35
CKMB and CPK	\$58
Creatinine	\$29
Electrolytes	\$60
Glucose	\$28
Gonorrhea DNA (PCR)	\$108
Hemoglobin/hematocrit	\$87
Hemoglobin A1C	\$80
Hepatic function – liver panel	\$79
Lipid profile	\$103
Pap thin prep	\$107
Platelet count	\$18
Potassium	\$29
Prothrombin time	\$31
PTT (APTT)	\$40
T4 free	\$47
TSH	\$89
Urinalysis	\$38
Urine culture	\$73

RESPIRATORY THERAPY

Medical nebulizer	\$103
Percussion vibration	\$103
IPPB treatment	\$103
Blood gas analysis	\$269

