

**2012 PRICE LIST**

Please note that the hospital prices listed here do not include doctor's fees. Physicians bill their charges separately. Contact information is listed below for some of the commonly billed physician charges associated with hospital services. For any questions about the information listed here please call 419-824-9015.

For more information, please contact the following:

FCH Anesthesia Services 419-866-1804  
 Emergency Physicians of NWO 859-291-4800  
 Riverside Radiology Associates 614-396-4719  
 Consultants in Laboratory Medicine 419-534-6600

**ROOM RATES**

Medical/Surgical	\$1,264
Intensive Care	\$2,540
Nursery	\$1,355

**EMERGENCY CENTER VISITS**

Level 1	\$171
Level 2	\$243
Level 3	\$429
Level 4	\$753
Level 5	\$901

**OPERATING ROOM**

Extremities/Hip/Shoulder	
• First 15 Minutes	\$8,775
• Additional 15 Minutes	\$879
Abdomen/Perinl/Breast	
• First 15 Minutes	\$8,205
• Additional 15 Minutes	\$993
Eye	
• First 15 Minutes	\$5,470
• Additional 15 Minutes	\$667
Head & Neck	
• First 15 Minutes	\$2,735
• Additional 15 Minutes	\$570

**LABOR AND DELIVERY**

Normal Vaginal Delivery	\$3,623
Delivery Cesarean	\$2,650
Non-Stress Test	\$314

**RADIOLOGY**

**X-ray**

Abdomen 1 View	\$217
Abdomen 2 View	\$383
Ankle 3 Or More Views	\$246
Chest 1 View	\$124
Chest 2 Views	\$189
Elbow 3 Or More Views	\$228
Femur 2 Or More Views	\$161
Foot 3 Or More Views	\$246
Hand 3 Or More Views	\$246
Hip 2 Or More Views	\$183
Knee 3 Views	\$183
Mammography Diagnostic Bilateral	\$350
Mammography Diagnostic Unilateral	\$280
Mammography Screening Bilateral	\$321

Shoulder 2 Or More Views	\$183
Spine Cervical 2-3 Views	\$183
Spine Lumbar Min 4 Vws	\$246
Urography IV (IVP)	\$605
Upper GI	\$676

**CT scan**

Abdomen With Contrast	\$1,083
Brain Scan Without Contrast	\$1,083
Chest With Contrast	\$1,083
Pelvis With Contrast	\$1,083

**MRI**

Brain Without Contrast	\$2,198
Cervical Spine Without Contrast	\$2,198
Lumbar Spine Without Contrast	\$2,198

**Ultrasound**

Abdomen Single Organ	\$680
Pelvic Non-Ob Complete	\$554
Retroperitoneal Single Organ	\$612
Transvaginal Non-Ob	\$432

**PHYSICAL/OCCUPATIONAL THERAPY**

Electrical Stim Unattended	
• Each 15 Minutes	\$75
Neuromuscular Re-Education	
• Each 15 Minutes	\$121
PT/Phys/F/Testmeas	
• Each 15 Minutes	\$97
Physical Therapy Evaluation	\$147
Therapeutic Activity	
• 15 Minutes	\$85
Therapeutic Exercise	
• 15 Minutes	\$84
Aquatic Therapy	
• 15 Minutes	\$99

**LABORATORY**

**(ProMedica Draw Sites Only)**

ALT (GPT)	\$90
AST (GOT)	\$90
Blood Draw (Venipuncture)	\$20
Bun	\$47
Cbc With Auto Differential	\$130
Cbc Without Differential	\$98

Chemistry Panel, Basic	\$204
Chemistry Panel, Comprehensive	\$296
Chlamydia DNA (PCR)	\$157
Cholesterol	\$67
CPK, Total	\$101
Creatinine	\$48
Electrolytes	\$185
Glucose	\$48
Gonorrhea DNA (PCR)	\$157
Hemoglobin / Hematocrit (HGB & HCT)	\$54
Hemoglobin A1C	\$120
Hepatic Function - Liver Panel	\$210
Lipid Profile	\$139
CPK, MB Fraction	\$110
Platelet Count	\$32
Potassium	\$57
PTT (APTT)	\$66
T4 Free	\$88
Thrombin Time	\$64
TSH	\$117
Urine Culture	\$68

**RESPIRATORY THERAPY**

Medical Nebulizer	\$97
Percussion Vibration	\$85
IPPB Treatment	\$97