ROOM RATES
Medical/Surgical, Semiprivate $1,415
Intermediate Care $2,363
Intensive Care $2,954
Nursery $1,162

EMERGENCY CENTER VISITS
Level 1 $217
Level 2 $435
Level 3 $776
Level 4 $902
Level 5 $1,303

OPERATING ROOM
General/MAC Anesthesia, first 15 minutes $2,382
additional 15 minutes $1,431
Moderate Sedation, first 15 minutes $1,715
additional 15 minutes $1,031
Local Anesthesia, first 15 minutes $1,236
additional 15 minutes $742

NUCLEAR MEDICINE
Myocardial Perfusion Study $4,778

CARDIOLOGY
EKG $330
Echocardiography Complete without Contrast $2,466
Echocardiography Complete with Contrast $2,466
Stress Test Cardiac with or without Pharmacy $1,350
Cardiac Rehab Phase 2 w/ECG/Session $187

CT SCAN
Abdomen and Pelvis without Contrast $2,642
Abdomen and Pelvis with Contrast $4,163
Head or Brain without Contrast $1,526
Cervical Spine without Contrast $1,552

PHYSICAL/OCCUPATIONAL THERAPY
PT Evaluation Low Complexity $332
PT Evaluation Moderate Complexity $378
Therapeutic Exercise, each 15 minutes $129
Therapeutic Activity, each 15 minutes $129
PT Aquatic Therapy, each 15 minutes $97
Manual Therapy, each 15 minutes $106
Individual Speech Therapy $251
Electrical Stimulation Unattended $82
PT Gait Training, each 15 minutes $107
PT Mechanical Traction $106
Neuromuscular Re-education, each 15 minutes $140

ULTRASOUND
Abdomen Limited $1,309

RADIOLOGY
Abdomen 1 View $306
Ankle 3 or More Views $335
Chest 1 View $281
Chest 2 Views $396
Foot 3 or More Views $314
Hand 3 or More Views $286
Hip 2 or 3 Views with Pelvis $368
Knee 3 Views $261
Shoulder 2 or More Views $334
Spine Lumbar 2 or 3 Views $497
DEXA Scan Central Skeletal $517
Mammography Screening Bilateral with CAD $347

LABORATORY
Alcohol, Blood $105
Allergen Specific IGE $29
ALT GPT $102
Amylase $102
Analgasic, Non-Opioid $144
Antibody Screen, Each Technique $46
Antibiotic Sensitivity - MIC $75
Basic Metabolic Panel $200
Beta-Hydroxybutyrate $58
Blood Draw (Venipuncture) $21
Blood Gas Analysis $350
Blood Type ABO $18
Blood Type RH $18
C Reactive Protein $20
CBC with Auto Differential $81
CBC without Differential $58
Chlamydia DNA (PCR) $184
Comprehensive Metabolic Panel $288
COVID-19 $220
Creatinine $29
Creatinine, Other Source $32
Culture, Aerobic, Isolate, ID $90
Culture, Blood $139
Culture, Other Source $140
Culture, Urine $91
D Dimer, Quantitative $102
Drug Screen, Instrumented $188
Electrolyte Panel $144
ESR Auto $77
Ferritin $91
Gammaglobulin, each $81
Gonorrhea DNA (PCR) $184
Hemoglobin $36
Hemoglobin A1C $69
Hepatitis Panel $320
Influenza Direct Immunoassay $120
Iron $256
Iron Binding $82
Lactic Acid $61
Lipase $49
Lipid Profile $197
Magnesium $88
Microalbumin Urine $35
Natriuretic Peptide $191
Phosphorus $104
Protein Total, Urine $21
PPT/APTT $74
Surgical Pathology Level IV $262
T4 Free $73
Troponin $203
TSH $95
Uric Acid Blood $102
Urinalysis, Automated, with Microscopy $77
Urine Pregnancy $94
Vitamin B 12 $225
Vitamin D $212

RADIATION THERAPY
Treatment Devices Complex $805
Radiation Treatment Delivery Complex $537
Basic Dosimetry $297
Med Physic Consult Continuing $805

RESPIRATORY THERAPY
Pulse Oximetry $157
Inhalation Treatment $99

PROMEDICA MEMORIAL HOSPITAL

2020 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:
Change HealthCare 833-262-4527
Comprehensive Medical 859-291-4800
NW Cardiology 419-824-7250
ProMedica Physicians Anesthesiology 567-585-1880
Toledo Radiological Associates 800-714-5935

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