



## Patient Price Information List

In compliance with state law, Lutheran Hospital is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospitals' charges are the same for all patients, but a patient's responsibility may vary, depending on payment plans negotiated with individual health insurers. Uninsured or underinsured patients should consult with our admitting and billing staff to determine whether they qualify for discounts. These prices are correct as of January 1, 2024.

### Room and Board – Per Day Charges

Intensive care	\$ 7,000	Step Down	\$ N/A
Medical/Surgical	\$ 3,150	Psychiatry	\$ 2,169

### Labor and Delivery Charges

The following list does not include charges for anesthesia, drugs, or supplies required for a particular delivery room procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.

Vaginal Delivery Single	N/A	Cesarean Section Delivery Single	N/A
Vaginal Delivery Twins	N/A	Cesarean Section Delivery Twins	N/A
Vaginal Delivery Triplets	N/A	Cesarean Section Delivery Triplets	N/A

### Emergency Department Charges

Emergency Department charges are based on the level of emergency care provided to our patients. The levels, with level 1 representing basic emergency care, reflect the type of accommodations needed, the personnel resources, the intensity of care and the amount of time needed to provide treatment. The following charges do not include fees for drugs, supplies or additional ancillary procedures that may be required for a particular emergency treatment. They also do not include fees for Emergency Department physicians, who will bill separately for their services.

Level 1	\$ 375	Critical care, Initial	\$ 3,839
Level 2	\$ 698	Critical care, Additional	\$ 2,132
Level 3	\$ 1,225		
Level 4	\$ 1,908		
Level 5	\$ 2,741		

## Operating Room Charges

---

Operating Room charges are based on the complexity level, with Type 1 being the most basic. The following list does not include charges for anesthesia, drugs, or supplies required for a particular operating room procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.

Per 30 minute increment

Level 1	\$	2,619	Level 1 each additional 30 mins	\$	2,613
Level 2	\$	3,228	Level 2 each additional 30 mins	\$	2,997
Level 3	\$	3,652	Level 3 each additional 30 mins	\$	3,652
Level 4	\$	4,464	Level 4 each additional 30 mins	\$	4,464
Level 5	\$	4,607	Level 5 each additional 30 mins	\$	4,607
Level 6	\$	4,923	Level 6 each additional 30 mins	\$	4,923

## Physical Therapy Charges

---

The following charges reflect the most common services offered by our Physical Therapy department. Patients may have additional charges, depending on the services performed.

Evaluation & Report	\$	518
Gait Training	\$	195
Therapeutic Exercise/per 15 min	\$	221
Therapeutic Group	\$	200

## Occupational Therapy Charges

---

The following charges reflect the most common services offered by our Occupational Therapy department. Patients may have additional charges, depending on the services performed.

Evaluation & Report	\$	577
Therapeutic Exercise/per 15 min	\$	221
Therapeutic Group	\$	200

## Pulmonary Therapy Charges

---

The following charges reflect the most common services offered by our Pulmonary Therapy department. Patients may have additional charges, depending on the services performed.

Airway Inhilation Treatment	\$	575
CPAP Initiation and Management	\$	575
Spirometry	\$	436

## X-Ray and Radiological Charges

---

The following charges reflect the hospital's 30 most common x-ray and radiological procedures.

XR Chest 1 View	\$ 521	XR Hip, Unilateral, 2-3 views	\$ 521
XR Chest 2 Views	\$ 521	XR Knee 4 Views or More	\$ 641
CT Scan Head or Brain without Contrast	\$ 641	XR Spine Lumbosacral 2 or 3 Views	\$ 641
Screening Mammography	\$ 522	XR Ankle 3 Views	\$ 521
CT Scan of Abdomen and Pelvis with Contrast	\$ 2,211	DXA Bone Density Measurement of Hip, Pelvis, Spine	\$ 641
CT Scan of Chest with Contrast	\$ 1,082	XR Hand 3 Views Minimum	\$ 521
Screening Digital Tomography of Both Breasts	\$ 120	Diagnostic Mammography of 1 Breast	\$ 482
XR Addomen 1 View	\$ 521	XR Knee, 1 or 2 Views	\$ 521
Ultrasound Abdomen Limited	\$ 641	MRI Brain wo Contrast	\$ 1,401
CT Scan of Upper Spine without Contrast	\$ 641	XR Wrist 3 Views Minimum	\$ 521
CT Scan of Abdomen and Pelvis without Contrast	\$ 1,401	CT Scan of Blood Vessels of Head with Contrast	\$ 1,082
CT Scan of Chest without Contrast	\$ 641	XR Pelvis 1 or 2 Views	\$ 641
XR Shoulder 2 Views	\$ 521	MRI Brain w wo Contrast	\$ 2,211
XR Foot 3 Views Minimum	\$ 521	Ultrasound Transvaginal NonOB	\$ 641
Ultrasound Retroperitoneal	\$ 641	Ultrasound of Head and Neck	\$ 641

## Laboratory Charges

---

The following charges reflect the hospital's 30 most common laboratory procedures.

Glucose Blood Test	\$ 22	Phosphorus Serum	\$ 178
Comprehensive Metabolic Panel	\$ 171	Potassium	\$ 29
CBC/Differential	\$ 72	Bacterial Blood Culture	\$ 159
CBC	\$ 63	Blood Gases	\$ 318
Basic Metabolic Panel	\$ 112	Hemoglobin	\$ 59
Magnesium	\$ 211	Ionized Calcium	\$ 108
Troponin	\$ 121	Bacterial Urine Culture	\$ 72
Urinalysis w/microscopy	\$ 50	Lipase	\$ 67
Prothrombin Time	\$ 52	Sodium	\$ 29
TSH	\$ 154	Carboxyhemoglobin	\$ 81
Lactic Acid	\$ 84	Blood Typing, ABO	\$ 66
Lipid Panel	\$ 120	Blood Typing, Rh (D)	\$ 57
Partial Thromboplastin Time	\$ 62	Hemoglobin, methemoglobin	\$ 53
Surgical Pathology, Level 4	\$ 1,017	Natriuretic Peptide	\$ 281
HbA1c	\$ 86	Antibody Screen	\$ 120

## Hospital Billing Policies

---

We want to make sure that you receive the full benefits of your insurance coverage as well as consideration under our financial assistance programs, if applicable. Before we bill you, we bill your insurance provider, including Medicare and Medicaid, and any secondary insurance providers. We do not charge interest on any balance due after insurance payments are received. We will send an easy-to-understand billing statement showing the most current balance owed by your insurance provider as well as any balance due from you. If you are not able to pay the amount you owe in full, you may contact us regarding applying for financial assistance or being set up on a payment plan. Emergency service will never be delayed or withheld on the basis of a patient's ability to pay.

Consumers can access a number of government and private websites, which provide additional information on hospitals' charges and quality. For a complete listing of available online resources, please visit the Consumer's Guide to Quality Health Care in Ohio at [ohanet.org/portal](http://ohanet.org/portal).