



Patient Price Information List

In compliance with state law, Cleveland Clinic is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospital's 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, 2011.

Room and Board -- Per Day Charges

| | | | |
|------------------|---------|---------------------------|---------|
| Coronary care | \$4,479 | Chemical Dependency/Detox | \$1,556 |
| Intensive care | \$4,479 | Neonatal Intensive Care | \$4,479 |
| Medical/Surgical | \$1,556 | Skilled Nursing | \$1,556 |
| Step Down | \$3,110 | Rehabilitation | \$1,556 |
| Psychiatry | \$1,556 | | |

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.

| | | | |
|---------------------------|-----|---------------------------------|-----|
| Normal Delivery | N/A | Fetal Monitor per Hour | N/A |
| Cesarean Section Delivery | N/A | Labor Room base rate - 1st Hour | 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 | \$236 | Critical care, Initial | \$3,625 |
| Level 2 | \$397 | Critical care, Additional | \$230 |
| Level 3 | \$747 | | |
| Level 4 | \$1,084 | | |
| Level 5 | \$1,940 | | |

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 - Initial 30 mins | \$1,769 | Level 1 - each additional 30 mins | \$1,769 |
| Level 2 - Initial 30 mins | \$2,030 | Level 2 - each additional 30 mins | \$2,030 |
| Level 3 - Initial 30 mins | \$2,472 | Level 3 - each additional 30 mins | \$2,472 |
| Level 4 - Initial 30 mins | \$3,025 | Level 4 - each additional 30 mins | \$3,025 |
| Level 5 - Initial 30 mins | \$3,121 | Level 5 - each additional 30 mins | \$3,121 |
| Level 6 - Initial 30 mins | \$3,336 | Level 6 - each additional 30 mins | \$3,336 |

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 | \$405 | Therapeutic Exercise/per 15 min | \$164 |
| Gait Training | \$144 | Therapeutic Group | \$105 |

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 | \$428 |
| Therapeutic Exercise/per 15 min | \$164 |
| Therapeutic Group | \$105 |

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.

| | |
|--------------------------------|-------|
| Inhalation Treatment | \$161 |
| Demonstrate/evaluate nebulizer | \$209 |

X-Ray and Radiological Charges

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

| | | | |
|-------------------------------|---------|--|---------|
| Bone Density DEXA | \$620 | Ultrasound Guidance for Needle Placement | \$1,100 |
| CAD Diagnostic Mammography | \$29 | Ultrasound Retroperitoneal | \$711 |
| CAD Screening Mammography | \$29 | Ultrasound Transvaginal NonOB | \$911 |
| CT Abdomen W Contrast | \$1,863 | XR Abdomen KUB | \$267 |
| CT Abdomen wo Contrast | \$1,527 | XR Ankle 3 Views | \$273 |
| CT for Placement of Radiation | \$1,344 | XR Chest PA Lat | \$273 |
| CT Head Brain wo Contrast | \$1,321 | XR Chest Portable | \$267 |
| CT Pelvis w Contrast | \$1,803 | XR Foot 3 Views Minimum | \$273 |
| CT Thorax w Contrast | \$1,953 | XR Hand 3 Views Minimum | \$273 |
| CT Thorax wo Contrast | \$1,527 | XR Hip 2 Views Minimum | \$273 |
| Fluoro Guidance for Injection | \$709 | XR Knee 2 Views | \$273 |
| MRI Brain w wo Contrast | \$3,250 | XR Knee 4 Views or More | \$314 |
| Screening Mammogram Bilateral | \$193 | XR Pelvis 1 or 2 Views | \$273 |
| Ultrasound Abdomen Limited | \$591 | XR Shoulder 2 Views | \$273 |
| Ultrasound Breast | \$404 | XR Spine Lumbosacral 2 or 3 Views | \$344 |

Laboratory Charges

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

| | | | |
|--------------------------------|-------|-----------------------------|-------|
| Antibody Screen | \$105 | Hemoglobin | \$28 |
| Bacterial Urine Culture | \$96 | Hemoglobin, methemoglobin | \$57 |
| Basic Metabolic Panel | \$130 | Ionized Calcium | \$111 |
| Blood Gases | \$180 | Lactic Acid | \$92 |
| Blood Typing, ABO | \$62 | Lipid Panel | \$132 |
| Blood Typing, Rh (D) | \$54 | Magnesium | \$58 |
| Carboxyhemoglobin | \$82 | Partial Thromboplastin Time | \$68 |
| CBC | \$69 | Phosphorus Serum | \$47 |
| CBC/Differential | \$78 | Potassium | \$24 |
| Compatibility Test, Electronic | \$101 | Prothrombin Time | \$55 |
| Comprehensive Metabolic Panel | \$198 | Sodium | \$22 |
| Creatine Kinase | \$65 | Surgical Pathology, Level 4 | \$270 |
| Glucose, Blood, Quantitative | \$40 | TSH | \$168 |
| Glucose, Blood, Scan | \$25 | Urinalysis, routine | \$25 |
| HbA1c | \$80 | Vitamin D | \$250 |

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 www.ohanet.org/portal.