



Patient Price Information List

In compliance with state law, Fairview 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, 2012.

Room and Board -- Per Day Charges

Coronary care	\$2,469	Chemical Dependency/Detox	N/A
Intensive care	\$3,143	Skilled Nursing	\$919
Medical/Surgical	\$1,444	Rehabilitation	\$1,426
Step Down	\$1,903	Obstetrics/Labor & Delivery	\$1,377
Telemetry	\$1,903	Nursery	\$860
Psychiatry	N/A	Neonatal	\$2,531

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	\$2,719	Cesarean Section Delivery Single	\$3,780
Vaginal Delivery Twins	\$3,265	Cesarean Section Delivery Twins	\$4,969
Vaginal Delivery Triplets	\$4,197	Cesarean Section Delivery Triplets	\$5,653

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	\$248	Trauma Activation Level 1	\$2,895
Level 2	\$400	Trauma Activation Level 2	\$1,687
Level 3	\$763	Critical care, Initial	\$2,611
Level 4	\$1,030	Critical care, Additional	\$1,411
Level 5	\$1,646		

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	\$1,737	Level 1 - each additional 30 mins	\$1,283
Level 2 - Initial 30 mins	\$2,145	Level 2 - each additional 30 mins	\$1,692
Level 3 - Initial 30 mins	\$2,423	Level 3 - each additional 30 mins	\$1,970
Level 4 - Initial 30 mins	\$2,667	Level 4 - each additional 30 mins	\$2,213
Level 5 - Initial 30 mins	\$2,952	Level 5 - each additional 30 mins	\$2,497
Level 6 - Initial 30 mins	\$3,405	Level 6 - each additional 30 mins	\$2,952

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	\$310	Therapeutic Exercise/per 15 min	\$174
Gait Training	\$124	Therapeutic Group	\$122

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	\$403
Therapeutic Exercise/per 15 min	\$174
Therapeutic Group	\$122

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.

Aerosol Therapy	\$126
Cardiac Rehab Phase II	\$278

X-Ray and Radiological Charges

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

CAD Screening Mammography	\$54	Ultrasound Transvaginal	\$621
CT Abdomen and Pelvis w Contrast	\$3,725	Ultrasound Pregnant Uterus, After 1st Trimester	\$590
CT Abdomen and Pelvis wo Contrast	\$2,942	Ultrasound Pregnant Uterus, First Trimester	\$652
CT Angio Chest w wo Contrast	\$2,349	Ultrasound Renal Limited	\$621
CT for Placement of Radiation	\$1,444	Ultrasound Transvaginal NonOB	\$621
CT Head Brain wo Contrast	\$1,374	XR Abdomen Complete	\$465
CT Thorax w Contrast	\$1,914	XR Abdomen KUB	\$276
Diagnostic Mammogram Bilateral	\$421	XR Ankle 3 Views	\$293
Diagnostic Mammogram Unilateral	\$329	XR Chest PA Lat	\$281
Screening Mammogram Bilateral	\$289	XR Chest Portable	\$276
Ultrasound Abdomen Limited	\$597	XR Foot 3 Views Minimum	\$282
Ultrasound Breast	\$452	XR Hand 3 Views Minimum	\$284
Ultrasound Pelvic NonOB	\$653	XR Knee 2 Views	\$276
Ultrasound Pregnant Uterus Follow Up	\$439	XR Shoulder 2 Views	\$276
Ultrasound Pregnant Uterus Plus Detailed Fetal Exam	\$708	XR Spine Lumbosacral 2 or 3 Views	\$335

Laboratory Charges

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

Bacterial Blood Culture	\$158	Glucose, Blood, Reagent Strip	\$34
Bacterial Urine Culture	\$101	Hematocrit	\$29
Basic Metabolic Panel	\$121	Hemoglobin	\$28
Blood Gases	\$191	Ionized Calcium	\$135
Blood Typing, ABO	\$79	Lipid Panel	\$140
Blood Typing, Rh (D)	\$83	Magnesium	\$66
CBC	\$73	Partial Thromboplastin Time	\$71
CBC/Differential	\$78	Potassium	\$45
Chloride; Blood	\$45	Prothrombin Time	\$54
Comprehensive Metabolic Panel	\$194	Sodium	\$47
Creatine Kinase	\$64	Surgical Pathology, Level 4	\$331
Creatine Kinase, MB fraction	\$121	Thin Layer Prep	\$144
Drug Screen	\$91	Troponin	\$139
Glucose, Blood, Quantitative	\$45	TSH	\$165
Glucose, Blood, Scan	\$52	Urinalysis w/microscopy	\$87

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.