



Patient Price Information List

In compliance with state law, Hillcrest Hospital 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, 2012

Room and Board -- Per Day Charges

Coronary care	\$2,300	Skilled Nursing	N/A
Intensive care	\$2,300	Rehabilitation	N/A
Medical/Surgical	\$1,157	Obstetrics/Labor & Delivery	\$1,072
Step Down	\$1,570	Nursery	\$624
Telemetry	\$1,513	Neonatal	\$2,148
Psychiatry	N/A	Boarder	\$624
Chemical Dependency/Detox	N/A		

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	\$2,301	Fetal Monitor per Hour	N/A
Cesarean Section Delivery	\$3,734	Labor Room base rate - 1st Hour	\$330
Amniocentesis	\$567		
Non Stress Test	\$364		

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	\$2,652
Level 2	\$400	Trauma Activation Level 2	\$1,545
Level 3	\$694	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	\$1,683	Level 1 - each additional 30 mins	\$1,241
Level 2 - Initial 30 mins	\$2,079	Level 2 - each additional 30 mins	\$1,636
Level 3 - Initial 30 mins	\$2,352	Level 3 - each additional 30 mins	\$1,910
Level 4 - Initial 30 mins	\$2,565	Level 4 - each additional 30 mins	\$2,125
Level 5 - Initial 30 mins	\$2,836	Level 5 - each additional 30 mins	\$2,395
Level 6 - Initial 30 mins	\$3,169	Level 6 - each additional 30 mins	\$2,727

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	\$83
Cardiac Rehab Phase II	\$275
Exercise Training Ind	\$96

X-Ray and Radiological Charges

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

Bone Density DEXA	\$432	Ultrasound Abdomen Limited	\$590
CAD Diagnostic Mammography	\$52	Ultrasound Breast	\$426
CAD Screening Mammography	\$54	Ultrasound Pelvic NonOB	\$590
CT Abdomen and Pelvis w Contrast	\$3,498	Ultrasound Retroperitoneal	\$590
CT Abdomen and Pelvis w wo Contrast	\$3,927	Ultrasound Transvaginal NonOB	\$590
CT Abdomen and Pelvis wo Contrast	\$2,732	XR Abdomen Complete	\$465
CT Angio Chest w wo Contrast	\$2,150	XR Abdomen KUB	\$276
CT for Placement of Radiation	\$1,444	XR Chest PA Lat	\$276
CT Head Brain wo Contrast	\$1,248	XR Chest Portable	\$276
CT Sinus wo Contrast	\$1,248	XR Foot 3 Views Minimum	\$282
CT Spine Cervical wo Contrast	\$1,478	XR Hand 3 Views Minimum	\$276
CT Thorax w Contrast	\$1,838	XR Hip 2 Views Minimum	\$276
CT Thorax wo Contrast	\$1,458	XR Pelvis 1 or 2 Views	\$276
Fluoro Guidance for Injection	\$537	XR Shoulder 2 Views	\$276
MRI Brain w wo Contrast	\$3,271	XR Spine Lumbosacral 2 or 3 Views	\$335

Laboratory Charges

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

Amylase	\$82	HbA1c	\$96
Antibody Screen	\$138	Lactic Acid	\$105
Antimicrobial Susceptibility	\$87	Lipase	\$93
Bacterial Blood Culture	\$152	Lipid Panel	\$125
Bacterial Urine Culture	\$91	Magnesium	\$59
Basic Metabolic Panel	\$110	Myoglobin	\$142
Blood Gases	\$191	Partial Thromboplastin Time	\$66
Blood Typing, ABO	\$74	Potassium	\$45
Blood Typing, Rh (D)	\$79	Prothrombin Time	\$51
CBC	\$64	Renal Function Panel	\$147
CBC/Differential	\$77	Surgical Pathology, Level 4	\$318
Compatibility Test, Electronic	\$118	Troponin	\$116
Comprehensive Metabolic Panel	\$177	TSH	\$165
Culture, Bacterial, not Urine, Blood, or Stool	\$97	Urinalysis w/microscopy	\$49
Glucose, Blood, Reagent Strip	\$31	Vitamin D	\$255

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.