



Patient Price Information List

In compliance with state law, Euclid 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	\$2,027	Skilled Nursing	\$717
Intensive care	\$2,027	Rehabilitation	\$940
Medical/Surgical	\$1,113	Obstetrics/Labor & Delivery	N/A
Step Down	\$1,512	Nursery	N/A
Telemetry	\$1,456	Neonatal	N/A
Psychiatry	\$1,012	Boarder	N/A
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	N/A	Fetal Monitor per Hour	N/A
Cesarean Section Delivery	N/A	Labor Room base rate - 1st Hour	N/A
Amniocentesis	N/A		
Non Stress Test	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	\$257	Critical care, Initial	\$2,712
Level 2	\$416	Critical care, Additional	\$1,466
Level 3	\$720		
Level 4	\$1,069		
Level 5	\$1,710		

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	\$1,733	Level 1 - each additional 30 mins	\$1,278
Level 2 - Initial 30 mins	\$2,140	Level 2 - each additional 30 mins	\$1,684
Level 3 - Initial 30 mins	\$2,421	Level 3 - each additional 30 mins	\$1,967
Level 4 - Initial 30 mins	\$2,641	Level 4 - each additional 30 mins	\$2,187
Level 5 - Initial 30 mins	\$2,919	Level 5 - each additional 30 mins	\$2,465
Level 6 - Initial 30 mins	\$2,421	Level 6 - each additional 30 mins	\$1,967

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	\$85
Cardiac Rehab Phase II	\$286
Exercise Training Ind	\$99

X-Ray and Radiological Charges

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

CT Abdomen and Pelvis w Contrast	\$3,498	XR Abdomen Complete	\$465
CT Abdomen and Pelvis wo Contrast	\$2,790	XR Abdomen KUB	\$276
CT Angio Chest w wo Contrast	\$2,195	XR Ankle 3 Views	\$276
CT Head Brain wo Contrast	\$1,275	XR Chest PA Lat	\$276
CT Spine Cervical wo Contrast	\$1,509	XR Chest Portable	\$276
CT Thorax wo Contrast	\$1,489	XR Foot 3 Views Minimum	\$388
Fluoro Guidance for Injection	\$549	XR Hand 3 Views Minimum	\$276
Fluoroscopy	\$512	XR Hip 2 Views Minimum	\$276
MRI Brain wo Contrast	\$2,391	XR Knee 2 Views	\$276
Myocardial Perfusion, Tomographic	\$3,148	XR Knee 3 Views Minimum	\$300
Screening Mammogram Bilat	\$196	XR Pelvis 1 or 2 Views	\$276
Ultrasound Abdomen Limited	\$590	XR Shoulder 2 Views	\$276
Ultrasound Guidance for Needle Placement	\$716	XR Spine Cervical 4 Views Minimum	\$465
Ultrasound Guidance for Vascular Access	\$457	XR Spine Lumbosacral 2 or 3 Views	\$341
Ultrasound Renal Limited	\$590	XR Wrist 3 Views Minimum	\$276

Laboratory Charges

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

Alcohol, Serum	\$132	Glucose, Blood, Reagent Strip	\$31
Amylase	\$82	HbA1c	\$96
Antibody Screen	\$139	Hepatic Function Panel	\$106
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	Natriuretic Peptide	\$249
Blood Typing, ABO	\$75	Partial Thromboplastin Time	\$66
Blood Typing, Rh (D)	\$79	Pregnancy Test, Urine	\$79
CBC	\$64	Prothrombin Time	\$51
CBC/Differential	\$77	Renal Function Panel	\$147
Comprehensive Metabolic Panel	\$177	Troponin	\$116
Creatine Kinase	\$64	TSH	\$165
Culture, Bacterial, not Urine, Blood or Stool	\$97	Urinalysis w/microscopy	\$49

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.