



Lutheran Hospital

a Cleveland Clinic hospital



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, 2012.

Room and Board -- Per Day Charges

Coronary care	N/A	Chemical Dependency/Detox	N/A
Intensive care	\$3,137	Skilled Nursing	N/A
Medical/Surgical	\$1,442	Rehabilitation	N/A
Step Down	\$1,899	Obstetrics/Labor & Delivery	N/A
Telemetry	\$1,899	Nursery	N/A
Psychiatry	\$1,422	Neonatal	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.

Vaginal Delivery	N/A	Cesarean Section Delivery	N/A
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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	\$250	Trauma Activation Level 1	N/A
Level 2	\$404	Trauma Activation Level 2	N/A
Level 3	\$771	Critical Care, Initial	\$2,637
Level 4	\$1,040	Critical Care, Additional	\$1,425
Level 5	\$1,662		

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	\$1,824	Level 1 - each additional 30 mins	\$1,347
Level 2 - Initial 30 mins	\$2,252	Level 2 - each additional 30 mins	\$1,777
Level 3 - Initial 30 mins	\$2,544	Level 3 - each additional 30 mins	\$2,069
Level 4 - Initial 30 mins	\$2,800	Level 4 - each additional 30 mins	\$2,324
Level 5 - Initial 30 mins	\$3,100	Level 5 - each additional 30 mins	\$2,622
Level 6 - Initial 30 mins	\$3,575	Level 6 - each additional 30 mins	\$3,100

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	\$119
Cardiac Rehab Phase II	N/A

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	\$3,753	XR Abdomen Complete	\$493
CT Abdomen and Pelvis wo Contrast	\$2,942	XR Abdomen KUB	\$293
CT Head Brain wo Contrast	\$1,374	XR Ankle 3 Views	\$293
CT Thorax w Contrast	\$1,949	XR Chest PA Lat	\$293
Fluoro Guidance for Injection	\$687	XR Chest Portable	\$293
MRI Lumbar Spine wo Contrast	\$2,711	XR Foot 3 Views Minimum	\$293
MRI, Lower Leg Joint, wo Contrast	\$2,498	XR Hand 3 Views Minimum	\$293
Myocardial Perfusion, Tomographic	\$3,941	XR Hip 2 Views Minimum	\$293
Screening Mammogram Bilat	\$289	XR Knee 2 Views	\$293
Ultrasound Abdomen Limited	\$626	XR Knee 3 Views Minimum	\$318
Ultrasound Guidance for Needle Placement	\$811	XR Pelvis 1 or 2 Views	\$293
Ultrasound Guidance for Vasular Access	\$581	XR Shoulder 2 Views	\$293
Ultrasound Pelvic NonOB	\$653	XR Spine Lumbosacral 2 or 3 Views	\$335
Ultrasound Renal Limited	\$626	XR Spine Single View	\$293
Ultrasound Transvaginal NonOB	\$626	XR Wrist 3 Views Minimum	\$293

Laboratory Charges

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

Alcohol, Serum	\$137	Hemoglobin	\$28
AST/SGOT	\$51	LDH	\$60
Bacterial Blood Culture	\$158	Lipase	\$116
Bacterial Urine Culture	\$101	Lipid Panel	\$140
Basic Metabolic Panel	\$121	Magnesium	\$66
CBC	\$73	Myoglobin	\$146
CBC/Differential	\$78	Partial Thromboplastin Time	\$71
Comprehensive Metabolic Panel	\$194	Pregnancy Test, Urine	\$79
Creatine Kinase	\$64	Prothrombin Time	\$54
Creatine Kinase, MB fraction	\$121	Smear, Gram Stain	\$57
Culture, Bacterial, not Urine, Blood or Stool	\$107	Troponin	\$139
Drug Screen	\$91	TSH	\$165
Glucose, Blood, Scan	\$54	Urinalysis w Microscopy	\$87
HbA1c	\$124	Urinalysis, Non-Automated, wo Microscopy	\$28
Hematocrit	\$29	Vitamin D	\$292

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.