



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, 2024.

Room and Board – Per Day Charges

Coronary care	\$ 7,000	Step Down	\$ 5,250
Intensive care	\$ 7,000	Psychiatry	\$ 2,169
Medical/Surgical	\$ 3,150	Skilled Nursing	\$ 854

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	N/A	Cesarean Section Delivery Single	N/A
Vaginal Delivery Twins	N/A	Cesarean Section Delivery Twins	N/A
Vaginal Delivery Triplets	N/A	Cesarean Section Delivery Triplets	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	\$ 375	Critical care, Initial	\$ 3,839
Level 2	\$ 698	Critical care, Additional	\$ 2,132
Level 3	\$ 1,225		
Level 4	\$ 1,908		
Level 5	\$ 2,741		

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	\$	2,619	Level 1 each additional 30 mins	\$	2,613
Level 2	\$	3,228	Level 2 each additional 30 mins	\$	2,997
Level 3	\$	3,652	Level 3 each additional 30 mins	\$	3,652
Level 4	\$	4,464	Level 4 each additional 30 mins	\$	4,464
Level 5	\$	4,607	Level 5 each additional 30 mins	\$	4,607
Level 6	\$	4,923	Level 6 each additional 30 mins	\$	4,923

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	\$	518
Gait Training	\$	195
Therapeutic Exercise/per 15 min	\$	221
Therapeutic Group	\$	200

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	\$	577
Therapeutic Exercise/per 15 min	\$	221
Therapeutic Group	\$	200

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.

Airway Inhilation Treatment	\$	575
CPAP Initiation and Management	\$	575
Spirometry	\$	436

X-Ray and Radiological Charges

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

XR Chest 1 View	\$ 521	XR Spine Lumbosacral 2 or 3 Views	\$ 641
XR Chest 2 Views	\$ 521	Ultrasound Transvaginal NonOB	\$ 641
Screening Mammography	\$ 522	XR Ankle 3 Views	\$ 521
XR Foot 3 Views Minimum	\$ 521	Ultrasound Pregnant Uterus, Follow up	\$ 641
XR Knee 4 Views or More	\$ 641	DXA Bone Density Measurement of Hip, Pelvis, Spine	\$ 641
XR Addomen 1 View	\$ 521	MRI Brain w wo Contrast	\$ 2,211
Screening Digital Tomography of Both Breasts	\$ 120	Ultrasound Pelvic NonOB	\$ 641
CT Scan of Abdomen and Pelvis with Contrast	\$ 2,211	Ultrasound Retroperitoneal	\$ 641
XR Shoulder 2 Views	\$ 521	CT Scan of Abdomen and Pelvis without Contrast	\$ 1401
CT Scan Head or Brain without Contrast	\$ 641	XR Wrist 3 Views Minimum	\$ 521
XR Hand 3 Views Minimum	\$ 521	Ultrasound Breast Unilateral Limited	\$ 521
CT Scan of Chest without Contrast	\$ 641	Ultrasound of Head and Neck	\$ 641
CT Scan of Chest with Contrast	\$ 1,082	Diagnostic Mammography of 1 Breast	\$ 482
Ultrasound Abdomen Limited	\$ 641	Ultrasound Scan of Fetus	\$ 641
XR Hip, Uniteral, 2-3 views	\$ 521	Ultrasound Pregnant Uterus Transvaginal	\$ 641

Laboratory Charges

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

Comprehensive Metabolic Panel	\$ 171	Lipid Panel	\$ 120
Glucose Blood Test	\$ 22	Basic Metabolic Panel	\$ 112
CBC/Differential	\$ 72	Surgical Pathology, Level 4	\$ 1,017
CBC	\$ 63	TSH	\$ 154
Lactic Acid	\$ 84	Prothrombin Time	\$ 52
Potassium	\$ 29	Phosphorus Serum	\$ 178
Ionized Calcium	\$ 108	Vitamin D	\$ 237
Sodium	\$ 29	Bacterial Urine Culture	\$ 72
Glucose, Blood, Quantitative	\$ 36	Partial Thromboplastin Time	\$ 62
Blood Gases	\$ 318	Crude Allergen Extract	\$ 59
Hemoglobin	\$ 59	Urinalysis, routine	\$ 22
Hemoglobin, methemoglobin	\$ 53	Bacterial Culture, aerobic	\$ 71
Carboxyhemoglobin	\$ 81	Gammaglobulin	\$ 91
Magnesium	\$ 211	Nuclear Antigen Antibody	\$ 148
HbA1c	\$ 86	Bacterial Blood Culture	\$ 159

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 ohanet.org/portal.