

## Patient Price Information List

In compliance with state law, Cleveland Clinic Akron General is providing this price list containing our charges for Room and Board, Labor and Delivery, Emergency Department, Operating Room, Physical Therapy, Occupational Therapy, Respiratory Therapy, Radiology and Lab. The hospital's charges are the same for all patients. Patients needing financial assistance with their hospital bills should review the information on the back of their billing statement, or call us at 330.344.6924. These prices are correct as of January 1, 2024.

### Room and Board — Per Day Charge

Coronary Care	\$7,000	Psychiatry	\$2,169
Intensive Care	\$7,000	Step Down	\$5,250
Medical/Surgical	\$3,150		

### 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.

Cesarean Section Single	\$5,177	Vaginal Delivery Single	\$3,238
Cesarean Section Delivery Twins	\$6,842	Vaginal Delivery Twins	\$3,668
Cesarean Section Delivery Triplets	\$7,491	Vaginal Delivery Triplets	\$4,315

### 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, appliances, 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	Level 5	\$2,741
Level 2	\$698	Critical care, Initial	\$3,839
Level 3	\$1,225	Critical care, Additional	\$2,132
Level 4	\$1,908		

### Operating Room Charges

Charges for our Operating Room services generally depend on the complexity of the particular operation. There are five levels of complexity, with level 5 being the most complex.

Complexity Level	Initial 30 Minutes	Each Addtl. 30 Minutes
1	\$2,619	\$2,613
2	\$3,228	\$2,997
3	\$3,652	\$3,652
4	\$4,464	\$4,464
5	\$4,607	\$4,607
6	\$4,923	\$4,923

## Physical Therapy Charges

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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	Therapeutic Exercise Per 15 Min	\$221
Gait Training	\$195	Therapeutic Group	\$200

## Occupational Therapy Charges

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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 Group	\$200
Therapeutic Activity per 15 Min	\$221		

## Respiratory Therapy Charges

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The following charges reflect the most common services offered by our Respiratory Therapy department. Patients may have additional charges, depending on the services performed.

Airway Inhalation Treatment	\$575
Continuous Positive Airway Pressure (CPAP)	\$575
Spirometry	\$436

## X-Ray & Radiological Charges

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The following charges reflect the hospital's most common X-ray and radiological procedures. These prices do not include the price of supplies that may be required for some procedures. Physicians bill separately for their services.

XR Chest 1 View	\$521	Diagnostic Mammography of 1 Breast	\$482
XR Hip, Unilateral, 2-3 views	\$521	Ultrasound Abdomen Limited	\$641
XR Chest 2 Views	\$521	XR Knee, 1 or 2 Views	\$521
XR Knee 4 Views or More	\$641	CT Scan of Upper Spine without Contrast	\$641
CT Scan Head or Brain without Contrast	\$641	MRI Brain wo Contrast	\$1,401
XR Spine Lumbosacral 2 or 3 Views	\$641	CT Scan of Abdomen and Pelvis without Contrast	\$1,401
Screening Mammography	\$522	XR Wrist 3 Views Minimum	\$521
XR Ankle 3 Views	\$521	CT Scan of Chest without Contrast	\$641
CT Scan of Abdomen and Pelvis with Contrast	\$2,211	CT Scan of Blood Vessels of Head with Contrast	\$1,082
DXA Bone Density Measurement of Hip, Pelvis, Spine	\$641	XR Shoulder 2 Views	\$521
CT Scan of Chest with Contrast	\$1,082	XR Pelvis 1 or 2 Views	\$641
Ultrasound Breast Unilateral Limited	\$521	XR Foot 3 Views Minimum	\$521
Screening Digital Tomography of Both Breasts	\$120	MRI Brain with or without Contrast	\$2,211
XR Hand 3 Views Minimum	\$521	Ultrasound Retroperitoneal	\$641
XR Abdomen 1 View	\$521	Ultrasound Transvaginal NonOB	\$641

## Laboratory Charges

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

Glucose Blood Test	\$22	Lipase	\$67
Phosphorus Serum	\$178	Prothrombin Time	\$52
Comprehensive Metabolic Panel	\$171	Sodium	\$29
Potassium	\$29	TSH	\$154
CBC/Differential	\$72	Carboxyhemoglobin	\$81
Bacterial Blood Culture	\$159	Lactic Acid	\$84
CBC	\$63	Blood Typing, ABO	\$66
Blood Gases	\$318	Lipid Panel	\$120
Basic Metabolic Panel	\$112	Blood Typing, Rh (D)	\$57
Hemoglobin	\$59	Partial Thromboplastin Time	\$62
Magnesium	\$211	Hemoglobin, methemoglobin	\$53
Ionized Calcium	\$108	Surgical Pathology, Level 4	\$1,017
Troponin	\$121	Natriuretic Peptide	\$281
Bacterial Urine Culture	\$72	HbA1c	\$86
Urinalysis with microscopy	\$50	Antibody Screen	\$120

## Hospital Billing Policies

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Akron General will bill all of your medical insurance carriers. Please be sure we have your correct and complete insurance information. This is most easily accomplished if you present your insurance cards when you are registering. Copayments should be paid at the time of service.

Balances remaining after insurance payments and adjustments will be billed to you. You may also be billed if your insurance company denies payment or fails to respond. We encourage you to appeal denials with your insurance company and to call them when you have not received notice that they have paid your bill.

When you do receive your bill, payment in full is expected, and appreciated. If you cannot pay your entire balance, please call us and we will try to help.

Having trouble paying your bill? Uninsured? You may be eligible for financial assistance. For information call 330.344.6924 or 1.866.440.0257, or you can go to [www.akrongeneral.org/financialpolicy](http://www.akrongeneral.org/financialpolicy).