



In compliance with state law, Medina Hospital is providing this price list containing our charges for room and board, emergency department, operating room, 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 June 1, 2018.

Room and Board — Per Day Charges

Intensive care	\$2,268
Medical/Surgical	\$1,204
Telemetry	\$1,565

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	\$233
Level 2	\$435
Level 3	\$765
Level 4	\$1,288
Level 5	\$1,901
Critical Care	\$1,818

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.

Initial 30 minutes

Level 1 – Initial 30 mins	\$1,682
Level 2 – Initial 30 mins	\$2,076
Level 3 – Initial 30 mins	\$2,339
Level 4 – Initial 30 mins	\$2,573
Level 5 – Initial 30 mins	\$2,866
Level 6 – Initial 30 mins	\$5,670

Each additional 30 minute increment

Level 1 – each additional 30 mins	\$1,138
Level 2 – each additional 30 mins	\$1,498
Level 3 – each additional 30 mins	\$1,743
Level 4 – each additional 30 mins	\$1,960
Level 5 – each additional 30 mins	\$2,235
Level 6 – each additional 30 mins	\$3,417

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	\$314
Gait Training	\$110
Therapeutic Exercise /per 15 min	\$138
Therapeutic Group	\$124

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	\$314
Therapeutic Exercise /per 15 min	\$138
Therapeutic Group	\$124

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	\$133
Cardiac Rehab Phase II	\$256

X-Ray and Radiological Charges

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

Bone Density DEXA	\$361
CAD Diagnostic Mammography	\$35
CAD Screening Mammography	\$67
CT Abdomen & Pelvis w Contrast	\$2,539
CT Cervical Spine wo Contrast	\$1,508
CT Head Brain wo Contrast	\$845
CT Thorax w Contrast	\$1,926
CT Thorax wo Contrast	\$1,487
CT, Abdomen and Pelvis w/o Cont	\$1,786
Fluoro Guidance for Injection	\$638
MRI Brain w wo Contrast	\$3,032
MRI Brain wo Contrast	\$1,798
MRI Lumbar Spine wo Contrast	\$2,154
Myocardial Perfusion, Tomographic	\$4,751
Ultrasound Abdomen Limited	\$725

Ultrasound Renal Limited	\$336
XR Abdomen Decubitus	\$334
XR Abdomen KUB	\$166
XR Ankle 3 Views	\$257
XR Chest PA Lat	\$195
XR Chest Portable	\$154
XR Foot 3 Views Minimum	\$236
XR Hand 3 Views Minimum	\$249
XR Hip 2 Views Minimum	\$298
XR Knee 3 Views Minimum	\$282
XR Knee, 1 or 2 Views	\$228
XR Pelvis 1 or 2 Views	\$212
XR Shoulder 2 Views	\$220
XR Spine Lumbosacral 2 or 3 Views	\$270
XR Wrist 3 Views Minimum	\$303

Laboratory Charges

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

Amylase	\$55
Antibody Screen	\$106
Antimicrobial Susceptibility	\$82
Bacterial Blood Culture	\$154
Bacterial Urine Culture	\$67
Basic Metabolic Panel	\$109
Blood Gases	\$165
Blood Typing, ABO	\$61
Blood Typing, Rh (D)	\$53
CBC	\$58
CBC/Differential	\$67
Comprehensive Metabolic Panel	\$166
Creatine Kinase	\$55
Creatine Kinase, MB fraction	\$79
Culture, Bacterial-Other Source	\$89
Glucose; Blood, Reagent Strip	\$35
HbA1c	\$76
Lipase	\$59
Lipid Panel	\$111
Magnesium	\$49
Natriuretic Peptide	\$260
Partial Thromboplastin Time	\$57
Phosphorus Serum	\$41
Prothrombin Time	\$48
Surgical Pathology, Level 4	\$274
Troponin	\$112
TSH	\$143
Urinalysis w/microscopy	\$46
Urinalysis, routine	\$20
Vitamin D	\$219

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.