

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, 2023.

Room and Board — Per Day Charge

Coronary Care	\$7,569	Psychiatry	\$2,169
Intensive Care	\$5,234	Routine Care, Private Room	\$1,838
Medical/Surgical	\$1,858	Step Down	\$4,101

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	\$6,784	Vaginal Delivery Single	\$3,238
Cesarean Section Delivery Twins	\$7,589	Vaginal Delivery Twins	\$3,914
Cesarean Section Delivery Triplets	\$7,860	Vaginal Delivery Triplets	\$5,980

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	\$359
Level 2	\$652
Level 3	\$1,256
Level 4	\$2,038
Level 5	\$2,728
Critical care, Initial	\$3,574
Critical care, Additional	\$1,641

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	\$2,741	\$1,819
2	\$3,045	\$2,390
3	\$3,432	\$2,788
4	\$3,767	\$3,127
5	\$4,232	\$3,614
6	\$4,523	\$4,230

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	\$149
Therapeutic Exercise Per 15 Min	\$177
Therapeutic Group	\$148

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	\$565
Gait Training	\$177
Therapeutic Group	\$148

Respiratory Therapy Charges

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	\$151
Continuous Positive Airway Pressure (CPAP)	\$345
Spirometry	\$299

X-Ray & Radiological Charges

The following charges reflect the hospital's 30 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.

Abdomen, 1 View	\$194	Hip Unilateral 2-3 Views	\$400
Ankle 3 Views	\$397	Knee 1 or 2 Views	\$303
Bone Density DEXA	\$312	Knee 4 or more views	\$487
CAD Screening Mammography	\$522	Lumbosacral Spine, AP & Lat	\$401
CAD Diagnostic Mammography	\$459	MRI Brain with and without Contrast	\$2,848
Chest 2 Views	\$227	MRI Brain without Contrast	\$1,699
Chest Single View	\$179	MRI Lumbar Spine without Contrast	\$780
CT, Abdomen and Pelvis without Contrast	\$1,828	Pelvis, 1 or 2 Views	\$389
CT Abdomen & Pelvis with Contrast	\$2,915	Screening Digital Tomography of Both Breasts	\$120
CT Head Brain without Contrast	\$1,444	Shoulder 2 Views	\$392
CT Thorax without Contrast	\$1,641	Ultrasound Abdomen	\$780
CT Thorax with Contrast	\$1,504	Ultrasound Breast Unilateral Limited	\$451
CT Cervical Spine without Contrast	\$1,282	Ultrasound Head and Neck	\$968
Foot 3 Views	\$926	Ultrasound Retroperitoneal	\$836
Hand 3 Views	\$906	Wrist Minimum 3 Views	\$395

Laboratory Charges

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

Antibody Screen	\$120	Hemoglobin, methemoglobin	\$53
Basic Metabolic Panel	\$72	Hemoglobin A1C (HbA1c)	\$86
Blood Typing (ABO Group)	\$66	Ionized Calcium	\$103
Blood Typing, Rh (D)	\$57	Lipase	\$67
Carboxyhemoglobin	\$81	Lipid Panel	\$120
CBC	\$63	Magnesium	\$210
CBC/Differential	\$72	Phosphorus, S	\$178
Creatine Kirase Muscle Braon (CKMB)	\$79	Potassium, Serum	\$29
Comprehensive Metabolic Panel	\$171	Pro Time	\$53
Coombs Indirect	\$111	Partial Thromboplastin Time (PTT)	\$62
Culture, Other (Aerobic Only)	\$71	Sodium	\$29
Culture, Urine	\$72	Surgical Pathology Level IV	\$1,017
Glucose Blood, Scan	\$22	Troponin	\$121
Glucose Blood, Quantitative	\$36	Thyroid Stimulating Hormone (TSH)	\$154
Hemoglobin	\$59	Urinalysis with microscopy	\$51

Hospital Billing Policies

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.