

## 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, 2019.

### Room and Board — Per Day Charge

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Coronary Care	\$7,569	Perinatal (Acute)	\$2,927
Intensive Care	\$6,213	Progressive Coronary Care	\$5,234
Level II Nursery (Special Care)	\$2,251	Psychiatry	\$1,961
Nursery Unit	\$1,838	Routine Care, Private Room	\$1,838
Oncology Unit	\$1,962	Routine Care, Semi-Private Room	\$1,838

### Labor and Delivery Charges

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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.

Amniocentesis, Diag	\$1,283	Level 2 – Anesthesia	\$971
Amnioinfusion	\$489	Postpartum Tubal	\$5,513
Cerclage	\$3,734	Recovery Care Per Hour - Del	\$315
Cesarean Section Single	\$6,167	Tubal Ligation	\$965
D&C	\$3,850	Ultrasound/Age/FHR/PO	\$637
External Version	\$2,842	Ultrasound/Fetal Prof	\$849
Hysterectomy	\$2,263	Unscheduled C-Section Single	\$6,167
Labor Room Per Hour	\$294	Vaginal Delivery Single	\$4,585
Non-Stress Test	\$534		

## Emergency Department Charges

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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	\$332	Level 5	\$2,077
Level 2	\$482	Room Charge Critical 1st 30-74 min	\$3,088
Level 3	\$864	Room Charge Critical each Additional 30 min	\$1,546
Level 4	\$1,483		

## Operating Room Charges

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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	\$1,590	\$1,128
2	\$1,960	\$1,484
3	\$2,209	\$1,727
4	\$2,428	\$1,940
5	\$2,716	\$2,229

In addition, there is an anesthesia charge for any operating room procedure:

Anesth - Reginal Block 15 Min	\$44	Anesth - MAC 15 Min	\$91
Anesth - Bier Block 15 Min	\$75	Anesth - Spinal 15 Min	\$106
Anesth - Paravert Block 15 Min	\$91	Mod Sedation Init 15 Min	\$375
Anesth - Epidural 15 Min	\$105	Consc Sedation Ea Adtl 15 Min	\$177
Anesth - General 15 Min	\$127		

*The above listed fees do not include the fees for drugs, appliances or supplies used as required for a particular surgery. Surgeon and Anesthesiologist professional fees are billed by the physician.*

## 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.

Biofeedback Training	\$105	Orthotic Fit/Training Per 15 Min	\$137
Biofeedback Training Perineal	\$190	Paraffin	\$122
Cognitive Skills per 15 min	\$111	Physical Performance Test Per 15 Min	\$83
Electrical Stimulation (Unattended)	\$141	Physical Therapy Eval Low	\$160
Electrical Stimulation Manual Per 15 Min	\$186	Physical Therapy Eval Moderate	\$239
Ergonomic Study	\$260	Physical Therapy Eval High	\$359
Exercise Per 15 Min	\$137	PT & Recon II Per Hour (Supervised)	\$145
Gait Training Per 15 Min	\$110	PT & Recon II Per Hour (Unsupervised)	\$116
Group Therapy	\$84	Physical Therapy Re-Evaluation	\$239
Iontophoresis Per 15 Min	\$142	Self Care/Home Training Per 15 Min	\$72
Job Site Analysis	\$520	Therapeutic Activity/Home Program Per 15 Min	\$107
Manual Technique Per 15 Min	\$171	Ultrasound Per 15 Min	\$135
Massage Per 15 Min	\$141	Vasopneumatic Pump	\$159
Mechanical Traction	\$176	Wheelchair Mgt & Training per 15 min	\$88
Neuro-Muscular Education Per 15 Min	\$186	Whirlpool	\$122

## 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.

Cognitive Per 15 Min	\$111	Job Site Analysis	\$520
Community/Work Reintegration	\$137	Massage Per 15 Min	\$141
Training Per 15 Min		Neuro-Muscular Education Per 15 Min	\$186
Electrical Stimulation (Unattended)	\$141	Orth/Prosthetic Checkout Per 15 Min	\$75
Ergonomic Study	\$260	Orthotic Fit/Train Per 15 Min	\$137
Occ Therapy Eval Low	\$239	Physical Performance Test Per 15 Min	\$83
Occ Therapy Eval Moderate	\$359	Occ Therapy Re-Evaluation	\$239
Occ Therapy Eval High	\$479	Self Care/Home Training Per 15 Min	\$72
Exercise Per 15 Min	\$137	Therapeutic Activity per 15 Min	\$186
Group Therapy	\$84	Ultrasound Per 15 Min	\$135
Iontopheresis Ea 15 Min	\$142		

## 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.

Aerosol Therapy	\$314	Oximeter Evaluation Multi per Day	\$260
Arterial Puncture	\$148	Oximeter Once Daily	\$130
Chest Physiotherapy - (Initial)	\$210	Oxygen Per Day (Subsequent)	\$331
Chest Physiotherapy - (Subsequent)	\$210	PEP Therapy	\$274
Continuous Positive Airway Pressure (CPAP)	\$897	PT Respiratory Evaluation	\$314
Intermittent Positive Pressure (IPPB) In-Line Vent	\$314	Spirometry	\$559
Intermittent Positive Pressure (IPPB) Therapy	\$314	Suction Airway, Non-Intubated	\$291
Metered Dose Inhaler (MDI) In-Line Vent	\$314	Ventilation (Initial)	\$1,729
Metered Dose Inhaler (MDI) Therapy	\$314	Ventilation (Subsequent)	\$1,391
Nocturnal Saturation Study	\$274	Vibratory Therapy (Initial)	\$210
Non Invasive Ventilation (Initial)	\$897	Vibratory Therapy (Subsequent)	\$210
Non Invasive Ventilation (Subsequent)	\$897		

## 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.

Abdomen, 3 or More Views	\$564	Lumbosacral Spine, AP & Lat	\$532
Abdomen, 1 View	\$329	Diag Mammogram w/CAD Bilateral	\$526
Ankle Complete Minimum 3 Views	\$384	Diag Mammogram w/CAD Unilateral	\$433
Basic Dosimetry	\$674	MRI Brain with and without Contrast	\$5,996
Bone Density Study by X-ray	\$688	MRI Lumbar Spine without Contrast	\$3,477
Bone Scan - Whole Body	\$2,098	Myocardial Perfusion Multi Stress & Rest	\$4,025
Chest 2 Views	\$437	Pelvis, 1 or 2 Views	\$360
Chest Single View	\$321	Radiation Treatment Simple	\$751
CT Abdomen w/Contrast	\$3,032	Radiation Treatment Intermediate	\$879
CT Chest with Contrast	\$3,078	Radiation Treatment Complex	\$1,006
CT Head without Contrast	\$2,206	Shoulder Complete Minimum 2 Views	\$443
CT Pelvis with Contrast	\$3,018	Spine, Single View	\$343
Foot, Complete Minimum 3 Views	\$421	Tibia/Fibula, 2 Views	\$392
Hand Minimum 3 Views Unilateral	\$413	Ultrasound Abdomen	\$1,153
Hip Unilateral 2-3 Views/Pelvis If Performed	\$412	Ultrasound Pelvic - Non OB	\$973
Knee Complete 4 or more views	\$564	Wrist, Complete Minimum 3 Views	\$410

## Laboratory Charges

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

Blood Typing (ABO Group)	\$96	Hepatic Panel	\$101
Amylase, Serum	\$141	Ionized Calcium	\$181
Basic Metabolic Panel	\$96	Lactic Acid, S	\$172
Bilirubin, Direct	\$27	Lactate Dehydrogenase (LDH) Serum	\$50
Blood Gas Arterial	\$329	Lipase	\$137
Natriuretic Peptide (BNP)	\$195	Lipid Profile	\$128
Creatine Kinase Muscle Braon (CKMB)	\$184	Magnesium	\$66
Comprehensive Metabolic Panel	\$134	Manual Differential	\$46
Coombs Indirect	\$92	Organism Identification	\$75
Creatine Phosphokinase (CPK-CK)	\$38	Phosphorus, S	\$28
Creatinine Serum	\$29	Potassium, Serum	\$28
Crossmatch	\$189	Pro Time	\$46
Culture, Blood	\$333	Partial Thromboplastin Time (PTT)	\$72
Culture, Other (Aerobic Only)	\$189	Rhogam (RH) Type	\$96
Culture, Urine	\$129	Smear, Gram	\$71
Fresh Frozen Plasma (FFP/Cryo Thaw)	\$248	Surgical Pathology Level IV	\$653
Fresh Frozen Plasma	\$525	Susceptibility Panel	\$156
Glucose by Meter	\$72	Troponin I, Quantitative	\$235
HCG Qualitative Urine Test	\$51	Thyroid Stimulating Hormone (TSH)	\$170
Hematocrit	\$28	Urea Nitrogen, Quantitative	\$27
Hemoglobin	\$28	Urinalysis Routine	\$53
Hemogram	\$79	Vancomycin	\$372
Hemogram with Automated Differential	\$82	Venipuncture	\$26

## 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 330.344.2000 or 1.866.440.0257, or you can go to [www.akrongeneral.org/financialpolicy](http://www.akrongeneral.org/financialpolicy).