

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, 2021.

Room and Board — Per Day Charge

Coronary Care	\$7,569	Perinatal (Acute)	\$2,927
Intensive Care	\$6,213	Progressive Coronary Care	\$5,234
Level III Nursery (Special Care)	\$2,251	Psychiatry	\$2,169
Nursery Unit	\$1,838	Routine Care, Private Room	\$1,838
Oncology Unit	\$1,838	Routine Care, Semi-Private Room	\$1,838

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.

Amniocentesis, Diag	\$1,157	Non-Stress Test	\$518
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	\$514
External Version	\$2,373	Ultrasound/Fetal Prof	\$710
Hysterectomy	\$2,263	Unscheduled C-Section Single	\$6,167
Labor Room Per Hour	\$294	Vaginal Delivery Single	\$4,585

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	\$329	Level 5	\$2,498
Level 2	\$597	Room Charge Critical 1st 30-74 min	\$3,039
Level 3	\$1,050	Room Charge Critical each Additional 30 min	\$1,519
Level 4	\$1,704		

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	\$2,139	\$1,574
2	\$2,636	\$2,069
3	\$2,971	\$2,413
4	\$3,261	\$2,707
5	\$3,664	\$3,129

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

Anesth - Reginal Block 15 Min	\$282	Anesth - MAC 15 Min	\$186
Anesth - Bier Block 15 Min	\$182	Anesth - Spinal 15 Min	\$251
Anesth - Paravert Block 15 Min	\$187	Mod Sedation Init 15 Min	\$448
Anesth - Epidural 15 Min	\$214	Mod Sedation Ea Adtl 15 Min	\$177
Anesth - General 15 Min	\$305		

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

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	Physical Performance Test Per 15 Min	\$169
Electrical Stimulation (Unattended)	\$137	Physical Therapy Eval Low	\$412
Electrical Stimulation Manual Per 15 Min	\$127	Physical Therapy Eval Moderate	\$389
Exercise Per 15 Min	\$164	Physical Therapy Eval High	\$439
Gait Training Per 15 Min	\$133	PT & Recon II Per Hour (Supervised)	\$145
Group Therapy	\$137	Physical Therapy Re-Evaluation	\$257
Iontophoresis Per 15 Min	\$150	Self Care/Home Training Per 15 Min	\$124
Manual Technique Per 15 Min	\$157	Therapeutic Activity/Home Program Per 15 Min	\$155
Massage Per 15 Min	\$141	Ultrasound Per 15 Min	\$106
Mechanical Traction	\$148	Vasopneumatic Pump	\$160
Neuro-Muscular Education Per 15 Min	\$173	Wheelchair Mgt & Training per 15 min	\$136
Orthotic Fit/Training Per 15 Min	\$143	Whirlpool	\$129
Paraffin	\$99		

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.

Cognitive Function 1st 15 Min	\$162	Massage Per 15 Min	\$141
Cognitive Function Ea Addtl 15 Min	\$162	Neuro-Muscular Education Per 15 Min	\$173
Community/Work Reintegration Per 15 Min	\$65	Orth/Prosthetic Checkout Per 15 Min	\$101
Electrical Stimulation (Unattended)	\$137	Orthotic Fit/Train Per 15 Min	\$143
Occ Therapy Eval Low	\$493	Physical Performance Test Per 15 Min	\$169
Occ Therapy Eval Moderate	\$474	Occ Therapy Re-Evaluation	\$287
Occ Therapy Eval High	\$523	Self Care/Home Training Per 15 Min	\$124
Exercise Per 15 Min	\$164	Therapeutic Activity per 15 Min	\$155
Group Therapy	\$137	Ultrasound Per 15 Min	\$106
Iontopheresis Ea 15 Min	\$150		

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.

Aerosol Therapy	\$314	Oximeter Evaluation Multi per Day	\$263
Arterial Puncture	\$130	Oximeter Once Daily	\$263
Chest Physiotherapy - (Initial)	\$185	Oxygen Per Day (Subsequent)	\$331
Chest Physiotherapy - (Subsequent)	\$185	PEP Therapy	\$113
Continuous Positive Airway Pressure (CPAP)	\$304	PT Respiratory Evaluation	\$314
Intermittent Positive Pressure (IPPB) In-Line Vent	\$314	Spirometry	\$264
Intermittent Positive Pressure (IPPB) Therapy	\$314	Suction Airway, Non-Intubated	\$291
Metered Dose Inhaler (MDI) In-Line Vent	\$314	Ventilation (Initial)	\$1,639
Metered Dose Inhaler (MDI) Therapy	\$314	Ventilation (Subsequent)	\$1,639
Nocturnal Saturation Study	\$264	Vibratory Therapy (Initial)	\$185
Non Invasive Ventilation (Initial)	\$304	Vibratory Therapy (Subsequent)	\$185
Non Invasive Ventilation (Subsequent)	\$304		

X-Ray & Radiological Charges

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	\$285	Lumbosacral Spine, AP & Lat	\$337
Abdomen, 1 View	\$171	Diag Mammogram w/CAD Bilateral	\$508
Ankle Complete Minimum 3 Views	\$328	Diag Mammogram w/CAD Unilateral	\$405
Basic Dosimetry	\$862	MRI Brain with and without Contrast	\$2,776
Bone Density Study by X-ray	\$275	MRI Lumbar Spine without Contrast	\$1,740
Bone Scan - Whole Body	\$2,310	Myocardial Perfusion Multi Stress & Rest	\$5,799
Chest 2 Views	\$200	Pelvis, 1 or 2 Views	\$327
Chest Single View	\$158	Radiation Treatment Simple	\$529
CT Abdomen w/Contrast	\$1,765	Radiation Treatment Intermediate	\$642
CT Chest with Contrast	\$1,439	Radiation Treatment Complex	\$701
CT Head without Contrast	\$1,250	Shoulder Complete Minimum 2 Views	\$339
CT Pelvis with Contrast	\$1,364	Spine, Single View	\$307
Foot, Complete Minimum 3 Views	\$421	Tibia/Fibula, 2 Views	\$287
Hand Minimum 3 Views Unilateral	\$413	Ultrasound Abdomen	\$731
Hip Unilateral 2-3 Views/Pelvis If Performed	\$412	Ultrasound Pelvic - Non OB	\$573
Knee Complete 4 or more views	\$403	Wrist, Complete Minimum 3 Views	\$326

Laboratory Charges

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

Blood Typing (ABO Group)	\$61	Hepatic Panel	\$115
Amylase, Serum	\$55	Ionized Calcium	\$181
Basic Metabolic Panel	\$104	Lactic Acid, S	\$172
Bilirubin, Direct	\$31	Lactate Dehydrogenase (LDH) Serum	\$50
Blood Gas Arterial	\$329	Lipase	\$62
Natriuretic Peptide (BNP)	\$260	Lipid Profile	\$128
Creatine Kirase Muscle Braon (CKMB)	\$79	Magnesium	\$66
Comprehensive Metabolic Panel	\$158	Organism Identification	\$66
Coombs Indirect	\$111	Phosphorus, S	\$41
Creatine Phosphokinase (CPK-CK)	\$55	Potassium, Serum	\$24
Creatinine Serum	\$28	Pro Time	\$48
Crossmatch	\$169	Partial Thromboplastin Time (PTT)	\$57
Culture, Blood	\$333	Rhogam (RH) Type	\$53
Culture, Other (Aerobic Only)	\$189	Smear, Gram	\$71
Culture, Urine	\$67	Surgical Pathology Level IV	\$274
Fresh Frozen Plasma (FFP/Cryo Thaw)	\$211	Susceptibility Panel	\$86
Fresh Frozen Plasma	\$221	Troponin I, Quantitative	\$112
Glucose by Meter	\$72	Thyroid Stimulating Hormone (TSH)	\$170
HCG Qualitative Urine Test	\$87	Urea Nitrogen, Quantitative	\$27
Hematocrit	\$27	Urinalysis Routine	\$46
Hemoglobin	\$28	Vancomycin	\$79
Hemogram	\$58	Venipuncture	\$31
Hemogram with Automated Differential	\$82		

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.