



## Patient Price Information List

In compliance with state law, Fairview Hospital is providing this price list containing our charges for room and board, emergency department, operating room, delivery, 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 January 1, 2019.

### Room and Board — Per Day Charges

Coronary care	\$2,830	Obstetrics/Labor & Delivery	\$1,579
Intensive care	\$3,604	Nursery	\$1,250
Medical/Surgical	\$1,656	Neonatal	\$3,260

### 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.

Vaginal Delivery Single	\$2,828	Cesarean Section Delivery Single	\$4,507
Vaginal Delivery Twins	\$3,396	Cesarean Section Delivery Twins	\$6,045
Vaginal Delivery Triplets	\$4,365	Cesarean Section Delivery Triplets	\$6,877

### 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	\$ 313	Critical Care, Initial	\$2,937
Level 2	\$ 569	Critical Care, Additional	\$1,541
Level 3	\$1,000		
Level 4	\$1,623		
Level 5	\$2,379		

## Operating Room Charges

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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.

Per 30 minute increment			
Level 1 – Initial 30 mins	\$2,118	Level 1 – each additional 30 mins	\$1,558
Level 2 – Initial 30 mins	\$2,610	Level 2 – each additional 30 mins	\$2,049
Level 3 – Initial 30 mins	\$2,942	Level 3 – each additional 30 mins	\$2,389
Level 4 – Initial 30 mins	\$3,229	Level 4 – each additional 30 mins	\$2,680
Level 5 – Initial 30 mins	\$3,628	Level 5 – each additional 30 mins	\$3,098
Level 6 – Initial 30 mins	\$3,877	Level 6 – each additional 30 mins	\$3,626

## 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	\$ 480
Gait Training	\$ 122
Therapeutic Exercise /per 15 min	\$ 173
Therapeutic Group	\$ 128

## 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	\$ 534
Therapeutic Exercise /per 15 min	\$ 173
Therapeutic Group	\$ 128

## Pulmonary Therapy Charges

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

Airway Inhalation Treatment	\$ 133
CPAP Initiation & Management	\$ 304
Spirometry	\$ 264

## X-Ray and Radiological Charges

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

Bone Density DEXA	\$ 275	Ultrasound Transvaginal NonOB	\$ 714
CT Abdomen & Pelvis w Contrast	\$ 2,024	XR Abdomen 2 Views	\$ 271
CT Angio Chest w wo Contrast	\$ 2,018	XR Addomen 1 View	\$ 171
CT Cervical Spine wo Contrast	\$ 1,130	XR Ankle 3 Views	\$ 298
CT Head Brain wo Contrast	\$ 1,250	XR Chest 1 View	\$ 158
CT Thorax w Contrast	\$ 1,511	XR Chest 2 Views	\$ 200
CT Thorax wo Contrast	\$ 1,447	XR Foot 3 Views Minimum	\$ 298
CT, Abdomen and Pelvis wo Cont	\$ 1,871	XR Hand 3 Views Minimum	\$ 363
Diagnostic Mammography, unilateral, with CAD	\$ 405	XR Hip, Uniteral, 2-3 views	\$ 305
MRI Brain w wo Contrast	\$ 2,915	XR Knee 4 Views or More	\$ 366
MRI Brain wo Contrast	\$ 1,739	XR Knee, 1 or 2 Views	\$ 262
Screening Mammography, bilateral, with CAD	\$ 460	XR Pelvis 1 or 2 Views	\$ 297
Ultrasound Abdomen Limited	\$ 688	XR Shoulder 2 Views	\$ 229
Ultrasound Breast Unilateral Limited	\$ 398	XR Spine Lumbosacral 2 or 3 Views	\$ 306
Ultrasound Retroperitoneal	\$ 856	XR Spine Single View	\$ 279

## Laboratory Charges

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

Bacterial Blood Culture	\$ 154	Hematocrit	\$ 27
Bacterial Culture, aerobic	\$ 63	Influenza DNA AMP Probe	\$ 388
Bacterial Urine Culture	\$ 67	Ionized Calcium	\$ 100
Basic Metabolic Panel	\$ 109	Lactic Acid	\$ 90
Blood Gases	\$ 165	Lipase	\$ 59
Blood Typing, ABO	\$ 61	Magnesium	\$ 49
Blood Typing, Rh (D)	\$ 53	Natriuretic Peptide	\$ 260
CBC	\$ 58	Partial Thromboplastin Time	\$ 57
CBC/Differential	\$ 67	Phosphorus Serum	\$ 41
Comprehensive Metabolic Panel	\$ 166	Potassium	\$ 31
C-Reactive Protein	\$ 77	Prothrombin Time	\$ 48
Creatine Kinase	\$ 55	Surgical Pathology, Level 4	\$ 942
Culture, Bacterial-Other Source	\$ 89	Troponin	\$ 112
Glucose, Blood, Scan	\$ 20	TSH	\$ 143
Glucose; Blood, Reagent Strip	\$ 35	Urinalysis w/microscopy	\$ 46

## Hospital Billing Policies

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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](http://ohanet.org/portal).