



## 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, 2022.

### Room and Board – Per Day Charges

Coronary care	\$ 2,696	Obstetrics/Labor and Delivery	\$ 1,742
Intensive care	\$ 4,757	Nursery	\$ 1,379
Medical/Surgical	\$ 1,659	Neonatal	\$ 3,594

### 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	\$ 2,998	Cesarean Section Delivery Single	\$ 4,706
Vaginal Delivery Twins	\$ 3,396	Cesarean Section Delivery Twins	\$ 6,220
Vaginal Delivery Triplets	\$ 3,995	Cesarean Section Delivery Triplets	\$ 6,810

### 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	\$ 342	Critical care, Initial	\$ 3,191
Level 2	\$ 621	Critical care, Additional	\$ 1,519
Level 3	\$ 1,092		
Level 4	\$ 1,772		
Level 5	\$ 2,598		

## 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	\$ 2,246	Level 1 each additional 30 mins	\$ 1,653
Level 2	\$ 2,768	Level 2 each additional 30 mins	\$ 2,172
Level 3	\$ 3,120	Level 3 each additional 30 mins	\$ 2,534
Level 5	\$ 3,424	Level 5 each additional 30 mins	\$ 2,842
Level 5	\$ 3,847	Level 5 each additional 30 mins	\$ 3,285
Level 6	\$ 4,112	Level 6 each additional 30 mins	\$ 3,845

## 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	\$ 412
Gait Training	\$ 133
Therapeutic Exercise/per 15 min	\$ 164
Therapeutic Group	\$ 137

## 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	\$ 523
Gait Training	\$ 164
Therapeutic Group	\$ 137

## 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 Inhilation Treatment	\$ 140
CPAP Initiation and Management	\$ 319
Spirometry	\$ 277

## X-Ray and Radiological Charges

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

XR Chest 1 View	\$ 166	Screening Digital Tomography of Both Breasts	\$ 111
XR Chest 2 Views	\$ 210	XR Spine Lumbosacral 2 or 3 Views	\$ 371
CT Head Brain wo Contrast	\$ 1,313	XR Knee 4 Views or More	\$ 443
Screening Mammography, bilateral, with CAD	\$ 483	MRI Neck w wo Contrast	\$ 2,207
CT Abdomen & Pelvis w Contrast	\$ 2,699	XR Ankle 3 Views	\$ 361
XR Addomen 1 View	\$ 180	XR Pelvis 1 or 2 Views	\$ 360
CT Thorax w Contrast	\$ 1,367	XR Hand 3 Views Minimum	\$ 381
Ultrasound Abdomen Limited	\$ 722	Ultrasound Breast Unilateral Limited	\$ 418
CT, Abdomen and Pelvis wo Cont	\$ 1,693	MRI Brain wo Contrast	\$ 1,573
CT Cervical Spine wo Contrast	\$ 1,187	Bone Density DEXA	\$ 289
CT Thorax wo Contrast	\$ 1,519	Diagnostic Mammography, unilateral, with CAD	\$ 425
Ultrasound Retroperitoneal	\$ 774	XR Wrist 3 Views Minimum	\$ 359
XR Foot 3 Views Minimum	\$ 361	XR Knee, 1 or 2 Views	\$ 275
XR Shoulder 2 Views	\$ 356	CT Blood Vessel of Head w Contrast	\$ 2,302
XR Hip, Uniteral, 2-3 views	\$ 370	MRI Brain w wo Contrast	\$ 2,637

## Laboratory Charges

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

Glucose, Blood, Scan	\$ 20	Phosphorus Serum	\$ 165
CBC/Differential	\$ 67	Renal Function Panel	\$ 88
Comprehensive Metabolic Panel	\$ 158	Potassium	\$ 27
Basic Metabolic Panel	\$ 104	Bacterial Urine Culture	\$ 67
CBC	\$ 58	Lipase	\$ 62
Magnesium	\$ 194	Blood Gases	\$ 294
Troponin	\$ 112	Hemoglobin	\$ 55
Prothrombin Time	\$ 48	C-Reactive Protein	\$ 77
Urinalysis w/microscopy	\$ 46	Surgical Pathology, Level 4	\$ 942
Partial Thromboplastin Time	\$ 57	Sodium	\$ 27
Lactic Acid	\$ 78	Ionized Calcium	\$ 100
Bacterial Blood Culture	\$ 147	Creatine Kinase	\$ 55
Blood Typing, Rh (D)	\$ 53	Pregnancy Test, Urine	\$ 87
Blood Typing, ABO	\$ 61	Bacterial Culture, aerobic	\$ 66
Antibody Screen	\$ 111	Venipuncture	\$ 31

## 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).