



Patient Price Information List

In compliance with state law, Hillcrest Hospital is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospital's 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, 2020.

Room and Board – Per Day Charges

Coronary care	\$2,520	Skilled Nursing	N/A
Intensive care	\$2,659	Rehabilitation	N/A
Medical/Surgical	\$1,430	Obstetrics/Labor & Delivery	\$1,220
Step Down	\$1,831	Nursery	\$1,313
Psychiatry	N/A	Neonatal	\$3,423

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	\$2,370	Cesarean Section Delivery Single	\$4,454
Vaginal Delivery Twins	\$3,624	Cesarean Section Delivery Twins	\$5,758
Vaginal Delivery Triplets	\$3,624	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	\$ 329	Critical Care, Initial	\$2,894
Level 2	\$ 597	Critical Care, Additional	\$1,519
Level 3	\$1,050		
Level 4	\$1,704		
Level 5	\$2,498		

Operating Room Charges

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

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 /per 15 min	\$ 133
Therapeutic Exercise /per 15 min	\$ 164
Therapeutic Group	\$ 137

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	\$ 523
Therapeutic Exercise /per 15 min	\$ 164
Therapeutic Group	\$ 137

Pulmonary Therapy Charges

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

irway Inhalation Treatment	\$ 103
CPAP Initiation & Management	\$ 304
Spirometry	\$ 264

X-Ray and Radiological Charges

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

Bone Density DEXA	\$ 275	Ultrasound Retroperitoneal	\$ 856
CT Abdomen & Pelvis w Contrast	\$ 2,570	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	\$ 285
CT, Abdomen and Pelvis wo Cont	\$ 1,871	XR Hand 3 Views Minimum	\$ 258
Diagnostic Mammography, unilateral, with CAD	\$ 405	XR Hip, Uniteral, 2-3 views	\$ 299
MRI Brain w wo Contrast	\$ 2,915	XR Knee 4 Views or More	\$ 366
MRI Brain wo Contrast	\$ 1,736	XR Knee, 1 or 2 Views	\$ 262
MRI Lumbar Spine wo Contrast	\$ 1,740	XR Lower Leg 2 Views	\$ 261
Screening Digital Tomography of Both Breasts	\$ 106	XR Pelvis 1 or 2 Views	\$ 297
Screening Mammography, bilateral, with CAD	\$ 460	XR Shoulder 2 Views	\$ 339
Ultrasound Abdomen Limited	\$ 688	XR Spine Lumbosacral 2 or 3 Views	\$ 306
Ultrasound Breast Unilateral Limited	\$ 398	XR Wrist 3 Views Minimum	\$ 296

Laboratory Charges

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

Antibody Screen	\$ 106	Glucose, Blood, Scan	\$ 35
Bacterial Blood Culture	\$ 154	Hemoglobin	\$ 23
Bacterial Culture, aerobic	\$ 63	Ionized Calcium	\$ 100
Bacterial Urine Culture	\$ 67	Lactic Acid	\$ 78
Basic Metabolic Panel	\$ 109	Lipase	\$ 59
Blood gas, Oxygen Saturation Measurement	\$ 87	Magnesium	\$ 97
Blood Gases	\$ 200	Partial Thromboplastin Time	\$ 57
Blood Typing, ABO	\$ 61	Phosphorus Serum	\$ 41
Blood Typing, Rh (D)	\$ 53	Potassium	\$ 28
CBC	\$ 58	Prothrombin Time	\$ 48
CBC/Differential	\$ 67	Renal Function Panel	\$ 84
Chloride; Blood	\$ 32	Sodium	\$ 28
Compatibility Test, Electronic	\$ 154	Surgical Pathology, Level 4	\$ 942
Comprehensive Metabolic Panel	\$ 166	Troponin	\$ 112
Glucose, Blood, Quantitative	\$ 33	Urinalysis w/microscopy	\$ 46

Hospital Billing Policies

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.