



# Cleveland Clinic

**Akron General  
Lodi Hospital**

## Patient Price Information List

In compliance with state law, Lodi Hospital is providing this price list containing our charges for Room and Board, Emergency Department, Operating Room, Physical Therapy, Occupational Therapy, Respiratory, 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 Charges

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Semi-Private Room – Swing	\$1,061
Semi-Private Room	\$1,384

### 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, 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.

Room Charge - Level 1	\$186	Room Charge - Level 4	\$1,125
Room Charge - Level 2	\$365	Room Charge - Level 5	\$1,573
Room Charge - Level 3	\$655		

### 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.

Aquatic Therapy Ex Per 15 Min	\$112	Neuro-Muscular Re-Ed Per 15 Min	\$181
Electrical Stimulation (unattended)	\$128	Physical Therapy Eval Low	\$153
Electrical Stimulation (manual) Per 15 Min	\$180	Physical Therapy Eval Moderate	\$230
Exercise Per 15 Min	\$132	Physical Therapy Eval High	\$345
Gait Training Per 15 Min	\$119	Physical Therapy Re-Eval	\$230
Iontophoresis Per 15 Min	\$137	Therapeutic Activity Per 15 Min	\$134
Manual Techniques Per 15 Min	\$166	Ultrasound Per 15 Min	\$131
Massage Per 15 Min	\$131	Wheelchair Training	\$131

## 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.

Electrical Stimulation (unattended)	\$128	Occupational Therapy Eval High	\$460
Exercise Per 15 Min	\$132	Ortho/Prosthetic Checkout Per 15 Min	\$125
Iontophoresis Per 15 Min	\$137	Ortho/Prosthetic Training Per 15 Min	\$131
Manual Techniques Per 15 Min	\$166	Paraffin	\$125
Neuro-Muscular Re-Ed Per 15 Min	\$181	Self Care/Home Training Per 15 Min	\$117
Occupational Therapy Eval Low	\$230	Therapeutic Activity Per 15 Min	\$134
Occupational Therapy Eval Moderate	\$345	Ultrasound Per 15 Min	\$131

## Respiratory 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.

Aerosol Therapy	\$264	Lung Volume Studies	\$543
Arterial Puncture	\$128	Metered Dose Inhaler (MDI) Therapy	\$264
Blood Gas Arterial	\$258	Oximeter Eval Multi per Day	\$221
Blood Gas Venous	\$258	Oximeter Eval Once per Day	\$110
Chest Physiotherapy (Initial)	\$177	Oximetry with Rest & Exercise	\$221
Chest Physiotherapy (Subsequent)	\$177	Oxygen Per Day Subsequent	\$279
Continuous PAP	\$757	PFT B/A Bronchial-Dilation	\$1,148
DLCO Diffusion Capacity	\$457		

## X-Ray and 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 Complete 2 Views	\$380	Finger(s) Minimum 2 Views	\$252
Ankle Complete Minimum 3 Views	\$362	Foot Complete Minimum 3 Views	\$362
Bone Density Study by X-ray	\$581	Hand Minimum 3 Views Unilateral	\$349
Cervical Spine, 4 or 5 Views	\$526	Hip Unilateral 2-3 Views/Pelvis If Performed	\$348
Chest 2 Views	\$370	Knee Complete 4 or More Views	\$478
Chest Single View	\$271	Lumbosacral Spine 2-3 Views	\$449
CT Abdomen with Contrast	\$2,315	Lumbosacral Spine Complete min 4 Views	\$625
CT Abdomen without Contrast	\$1,996	Mammogram Screening w/CAD	\$393
CT Angio Chest	\$2,944	Mammogram Diagnostic w/CAD Unilateral	\$366
CT Cervical Spine without Contrast	\$2,222	Pelvis 1 or 2 views	\$305
CT Chest with Contrast	\$2,600	Ribs Unilateral 2 Views	\$362
CT Head without Contrast	\$1,866	Shoulder Complete Minimum 2 Views	\$375
CT Pelvis with Contrast	\$2,550	Tibia/Fibula Front, Back & Lateral Views	\$331
CT Pelvis without Contrast	\$1,987	Ultrasound Abdomen	\$974
Elbow Complete Minimum 3 Views	\$329	Wrist Complete Minimum 3 Views	\$345

## Laboratory Charges

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The following charges reflect the hospital's most common laboratory procedures. Patients may have additional charges, depending on the services performed.

Amylase, Serum	\$114	Lipid Profile	\$128
Basic Metabolic Panel	\$95	Organism Identification	\$75
Creatine Kinase-Myocardial Band (CKMB)	\$161	Pap, Thin Prep	\$123
Comprehensive Metabolic Panel	\$133	Pro Time	\$46
Creatine Phosphokinase (CPK-CK)	\$37	PSA Screen	\$189
Culture, Blood	\$246	Partial Thromboplastin Time (PTT)	\$72
Culture, Strep	\$91	Rapid GRP A Strep Throat	\$92
Culture, Urine	\$107	Sedimentation Rate (SED)	\$39
Glucose by Meter	\$50	Susceptability Panel	\$118
Serum Pregnancy Test (HCG QUAL)	\$51	Thyroxine, Free	\$131
Hemogram with Automated Differential	\$82	Troponin I, Quantitative	\$168
Hepatic Panel	\$101	Thyroid Stimulating Hormone (TSH)	\$169
Hemoglobin A1C (HGB-A1C)	\$82	Urinalysis Macroscop	\$29
High Sensitivity Cross Reacting Protein (CRP)	\$163	Urinalysis Routine	\$91
Lipase	\$130	Venipuncture	\$23

## Hospital Billing Policies

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Lodi Community Hospital 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).