

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, 2026.

Room and Board — Per Day Charges

Medical/Surgical	\$3,675
Semi-Private (Swing)	\$3,675

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	\$608	Critical care, Initial	\$5,814
Level 2	\$1,093	Critical care, Additional	\$2,487
Level 3	\$1,911		
Level 4	\$2,938		
Level 5	\$4,230		

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
Level 1	\$3,394	Level 1 each additional 30 mins \$3,387
Level 2	\$4,184	Level 2 each additional 30 mins \$3,885
Level 3	\$4,734	Level 3 each additional 30 mins \$4,734
Level 4	\$5,786	Level 4 each additional 30 mins \$5,786
Level 5	\$5,971	Level 5 each additional 30 mins \$5,971
Level 6	\$6,381	Level 6 each additional 30 mins \$6,381

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	\$605	Therapeutic Exercise/per 15 min	\$258
Gait Training	\$228	Therapeutic Group	\$234

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	\$674	Therapeutic Group	\$234
Therapeutic Activity Per 15 Min	\$258		

Pulmonary 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.

Airway Inhalation Treatment	\$936	Spirometry	\$720
CPAP Initiation and Management	\$936		

X-Ray and 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.

XR Chest 1 View	\$608	Ultrasound Abdomen Limited	\$734
CT Scan of Abdomen and Pelvis with Contrast	\$2,464	XR Shoulder 2 Views	\$608
XR Chest 2 Views	\$608	CT Scan of Chest without Contrast	\$734
Screening Mammography	\$609	XR Hand 3 Views Minimum	\$608
Screening Digital Tomography of Both Breasts	\$140	DXA Bone Density Measurement of Hip, Pelvis, Spine	\$734
CT Scan Head or Brain without Contrast	\$734	Ultrasound Breast Unilateral Limited	\$608
CT Scan of Chest with Contrast	\$1,228	XR Hip, Unilateral, 2-3 views	\$608
CT Scan of Abdomen and Pelvis without Contrast	\$1,668	XR Ankle 3 Views	\$608
CT Scan of Upper Spine without Contrast	\$734	MRI Brain with and without Contrast	\$2,464
XR Foot 3 Views Minimum	\$608	XR Knee 4 Views or More	\$734

Laboratory Charges

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

Comprehensive Metabolic Panel	\$73	Basic Metabolic Panel	\$58
Prothrombin Time	\$30	Lactic Acid	\$80
Glucose Blood Test	\$23	Lipid Panel	\$92
HbA1c	\$67	Bacterial Culture, aerobic	\$56
CBC/Differential	\$54	Urinalysis w/microscopy	\$22
Lipase	\$48	Creatine	\$36
CBC	\$45	TSH	\$116
Vitamin D	\$204	Thyroxin	\$62
Troponin	\$86	Magnesium	\$46
Bacterial Urine Culture	\$56	Vitamin B12	\$104

Hospital Billing Policies

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 330.344.6924 or 1.866.440.0257, or you can go to www.akrongeneral.org/financialpolicy.