



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, 2022.

Room and Board — Per Day Charges

| | |
|---------------------------|---------|
| Semi-Private Room – Swing | \$1,093 |
| Semi-Private Room | \$1,426 |

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.

| | | | |
|-----------------------|-------|-----------------------|---------|
| Room Charge - Level 1 | \$192 | Room Charge - Level 4 | \$1,159 |
| Room Charge - Level 2 | \$376 | Room Charge - Level 5 | \$1,620 |
| Room Charge - Level 3 | \$675 | | |

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 |
|------------------|--------------------|------------------------|
| 1 | \$1,638 | \$1,162 |
| 2 | \$2,019 | \$1,529 |
| 3 | \$2,275 | \$1,779 |
| 4 | \$2,501 | \$1,998 |
| 5 | \$2,797 | \$2,296 |

In addition, there is an anesthesia charge for any operating room procedure:

| | | | |
|--------------------------------|-------|-----------------------------|-------|
| Anesth - Regional Block 15 Min | \$45 | Anesth - MAC 15 Min | \$94 |
| Anesth - Bier Block 15 Min | \$77 | Anesth - Spinal 15 Min | \$109 |
| Anesth - Paravert Block 15 Min | \$94 | Mod Sedation Init 15 Min | \$386 |
| Anesth - Epidural 15 Min | \$108 | Mod Sedation Ea Adtl 15 Min | \$182 |
| Anesth - General 15 Min | \$131 | | |

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

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 | \$115 | Neuro-Muscular Re-Ed Per 15 Min | \$186 |
| Electrical Stimulation (unattended) | \$132 | Physical Therapy Eval Low | \$158 |
| Electrical Stimulation (manual) Per 15 Min | \$185 | Physical Therapy Eval Moderate | \$237 |
| Exercise Per 15 Min | \$136 | Physical Therapy Eval High | \$355 |
| Gait Training Per 15 Min | \$123 | Physical Therapy Re-Eval | \$237 |
| Iontophoresis Per 15 Min | \$141 | Therapeutic Activity Per 15 Min | \$138 |
| Manual Techniques Per 15 Min | \$171 | Ultrasound Per 15 Min | \$135 |
| Massage Per 15 Min | \$135 | Wheelchair Training | \$135 |

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.

| | | | |
|------------------------------------|-------|--------------------------------------|-------|
| Exercise Per 15 Min | \$136 | Ortho/Prosthetic Checkout Per 15 Min | \$129 |
| Manual Techniques Per 15 Min | \$171 | Ortho/Prosthetic Training Per 15 Min | \$135 |
| Neuro-Muscular Re-Ed Per 15 Min | \$186 | Paraffin | \$129 |
| Occupational Therapy Eval Low | \$237 | Self Care/Home Training Per 15 Min | \$121 |
| Occupational Therapy Eval Moderate | \$355 | Therapeutic Activity Per 15 Min | \$138 |
| Occupational Therapy Eval High | \$474 | Ultrasound Per 15 Min | \$135 |

Respiratory 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.

| | | | |
|----------------------------------|-------|------------------------------------|---------|
| Aerosol Therapy | \$272 | DLCO Diffusion Capacity | \$471 |
| Arterial Puncture | \$132 | Lung Volume Studies | \$559 |
| Blood Gas Arterial | \$266 | Metered Dose Inhaler (MDI) Therapy | \$272 |
| Blood Gas Venous | \$266 | Oximeter Eval Once per Day | \$113 |
| Chest Physiotherapy (Initial) | \$182 | Oximetry with Rest & Exercise | \$228 |
| Chest Physiotherapy (Subsequent) | \$182 | Oxygen Per Day Subsequent | \$279 |
| Continuous PAP | \$780 | PFT B/A Bronchial-Dilation | \$1,182 |

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.

| | | | |
|------------------------------------|---------|----------------------------------------------|---------|
| Abdomen Complete 2 Views | \$391 | Finger(s) Minimum 2 Views | \$260 |
| Ankle Complete Minimum 3 Views | \$373 | Foot Complete Minimum 3 Views | \$373 |
| Bone Density Study by X-ray | \$598 | Hand Minimum 3 Views Unilateral | \$359 |
| Cervical Spine, 4 or 5 Views | \$542 | Hip Unilateral 2-3 Views/Pelvis If Performed | \$358 |
| Chest 2 Views | \$381 | Knee Complete 4 or More Views | \$492 |
| Chest Single View | \$279 | Lumbosacral Spine 2-3 Views | \$462 |
| CT Abdomen with Contrast | \$2,384 | Lumbosacral Spine Complete min 4 Views | \$644 |
| CT Abdomen without Contrast | \$2,056 | Mammogram Screening w/CAD | \$405 |
| CT Angio Chest | \$3,032 | Mammogram Diagnostic w/CAD Unilateral | \$377 |
| CT Cervical Spine without Contrast | \$2,289 | Pelvis 1 or 2 views | \$314 |
| CT Chest with Contrast | \$2,678 | Ribs Unilateral 2 Views | \$373 |
| CT Head without Contrast | \$1,922 | Shoulder Complete Minimum 2 Views | \$386 |
| CT Pelvis with Contrast | \$2,627 | Tibia/Fibula Front, Back & Lateral Views | \$341 |
| CT Pelvis without Contrast | \$2,047 | Ultrasound Abdomen | \$1,003 |
| Elbow Complete Minimum 3 Views | \$339 | Wrist Complete Minimum 3 Views | \$355 |

Laboratory Charges

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

| | | | |
|-----------------------------------------------|-------|-----------------------------------|-------|
| Amylase, Serum | \$117 | Lipid Profile | \$132 |
| Basic Metabolic Panel | \$98 | Organism Identification | \$77 |
| Creatine Kinase-Myocardial Band (CKMB) | \$166 | Pap, Thin Prep | \$127 |
| Comprehensive Metabolic Panel | \$137 | Pro Time | \$47 |
| Creatine Phosphokinase (CPK-CK) | \$38 | PSA Screen | \$195 |
| Culture, Blood | \$253 | Partial Thromboplastin Time (PTT) | \$74 |
| Culture, Strep | \$94 | Rapid GRP A Strep Throat | \$95 |
| Culture, Urine | \$110 | Sedimentation Rate (SED) | \$40 |
| Glucose by Meter | \$52 | Susceptability Panel | \$122 |
| Serum Pregnancy Test (HCG QUAL) | \$53 | Thyroxine, Free | \$135 |
| Hemogram with Automated Differential | \$84 | Troponin I, Quantitative | \$173 |
| Hepatic Panel | \$104 | Thyroid Stimulating Hormone (TSH) | \$174 |
| Hemoglobin A1C (HGB-A1C) | \$84 | Urinalysis Macroscop | \$30 |
| High Sensitivity Cross Reacting Protein (CRP) | \$168 | Urinalysis Routine | \$94 |
| Lipase | \$134 | Venipuncture | \$24 |

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.