



Patient Price Information List

In compliance with state law, Cleveland Clinic 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, 2018.

Room and Board — Per Day Charges

Coronary care	\$5,136	Chemical Dependency/Detox	\$1,699
Intensive care	\$5,136	Neonatal Intensive Care	\$5,136
Medical/Surgical	\$1,699	Skilled Nursing	\$1,699
Step Down	\$3,396	Rehabilitation	\$1,699
Psychiatry	\$1,699		

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.

Normal Delivery	N/A	Fetal Monitor per Hour	N/A
Cesarean Section Delivery	N/A	Labor Room Base Rate, 1st Hour	N/A

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	\$ 243	Critical Care, Initial	\$3,961
Level 2	\$ 452	Critical Care, Additional	\$ 251
Level 3	\$ 796		
Level 4	\$1,339		
Level 5	\$1,977		

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	\$2,071	Level 1 – each additional 30 mins	\$2,071
Level 2 – Initial 30 mins	\$2,376	Level 2 – each additional 30 mins	\$2,376
Level 3 – Initial 30 mins	\$2,895	Level 3 – each additional 30 mins	\$2,895
Level 4 – Initial 30 mins	\$3,539	Level 4 – each additional 30 mins	\$3,539
Level 5 – Initial 30 mins	\$3,652	Level 5 – each additional 30 mins	\$3,652
Level 6 – Initial 30 mins	\$3,903	Level 6 – each additional 30 mins	\$3,903

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	\$ 480
Gait Training	\$ 176
Therapeutic Exercise /per 15 min	\$ 193
Therapeutic Group	\$ 124

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	\$ 534
Therapeutic Exercise /per 15 min	\$ 193
Therapeutic Group	\$ 124

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.

Airway Inhalation Treatment	\$ 304
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	\$ 361	Ultrasound Retroperitoneal	\$ 901
CT Abdomen & Pelvis w Contrast	\$ 2570	Ultrasound Transvaginal NonOB	\$ 752
CT Head Brain wo Contrast	\$ 1100	US Guidance for Vascular Access	\$ 100
CT Thorax w Contrast	\$ 1523	XR Addomen 1 View	\$ 171
CT Thorax wo Contrast	\$ 1511	XR Ankle 3 Views	\$ 271
CT, Abdomen and Pelvis wo Cont	\$ 1969	XR Chest 1 View	\$ 158
Diagnostic Mammography, Unilateral, with CAD	\$ 405	XR Chest 2 Views	\$ 200
MRI Brain w wo Contrast	\$ 3068	XR Foot 3 Views Minimum	\$ 271
Myocardial Perfusion, Tomographic	\$ 4793	XR Hand 3 Views Minimum	\$ 258
Screening Mammography, Bilateral, with CAD	\$ 460	XR Hip, Unilateral, 2-3 views	\$ 321
Ultrasound Abdomen Limited	\$ 731	XR Knee 4 Views or More	\$ 333
Ultrasound Breast Unilateral Limited	\$ 398	XR Knee, 1 or 2 Views	\$ 262
Ultrasound Guidance for Needle Placement	\$ 582	XR Shoulder 2 Views	\$ 229
Ultrasound of Head and Neck	\$ 1042	XR Spine Lumbosacral 2 or 3 Views	\$ 278
Ultrasound Pregnant Uterus, Follow up	\$ 399	XR Wrist 3 Views Minimum	\$ 312

Laboratory Charges

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

Antibody Screen	\$ 106	Ionized Calcium	\$ 100
Bacterial Urine Culture	\$ 67	Lactic Acid	\$ 78
Basic Metabolic Panel	\$ 109	Lipid Panel	\$ 111
Blood Gases	\$ 201	Magnesium	\$ 348
Blood Typing, ABO	\$ 61	Partial Thromboplastin Time	\$ 57
Blood Typing, Rh (D)	\$ 53	Phosphorus Serum	\$ 320
Carboxyhemoglobin	\$ 83	Potassium	\$ 30
CBC	\$ 58	Prothrombin Time	\$ 48
CBC/Differential	\$ 67	Sodium	\$ 33
Comprehensive Metabolic Panel	\$ 166	Surgical Pathology, Level 4	\$ 942
Glucose, Blood, Quantitative	\$ 45	Troponin	\$ 112
Glucose, Blood, Scan	\$ 20	TSH	\$ 143
HbA1c	\$ 76	Urinalysis w/microscopy	\$ 46
Hemoglobin	\$ 55	Urinalysis, routine	\$ 20
Hemoglobin, Methemoglobin	\$ 55	Vitamin D	\$ 219

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.