



## 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, 2021.

### 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	\$2,020	Skilled Nursing	\$1,699
Psychiatry	\$1,699	Rehabilitation	\$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.

Vaginal Delivery Single	N/A	Cesarean Section Delivery Single	N/A
Vaginal Delivery Twins	N/A	Cesarean Section Delivery Twins	N/A
Vaginal Delivery Triplets	N/A	Cesarean Section Delivery Triplets	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	\$ 329	Critical Care, Initial	\$4,070
Level 2	\$ 597	Critical Care, Additional	\$1,974
Level 3	\$1,050		
Level 4	\$1,704		
Level 5	\$2,498		

## Operating Room Charges

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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	\$2,134	Level 1 – each additional 30 mins	\$2,134
Level 2 – Initial 30 mins	\$2,448	Level 2 – each additional 30 mins	\$2,448
Level 3 – Initial 30 mins	\$2,983	Level 3 – each additional 30 mins	\$2,983
Level 4 – Initial 30 mins	\$3,646	Level 4 – each additional 30 mins	\$3,646
Level 5 – Initial 30 mins	\$3,763	Level 5 – each additional 30 mins	\$3,763
Level 6 – Initial 30 mins	\$4,021	Level 6 – each additional 30 mins	\$4,021

## 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.

Evaluation & Report	\$	494
Gait Training /per 15 min	\$	181
Therapeutic Exercise /per 15 min	\$	205
Therapeutic Group	\$	128

## 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.

Evaluation & Report	\$	534
Therapeutic Exercise /per 15 min	\$	205
Therapeutic Group	\$	128

## Pulmonary Therapy 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.

Airway Inhalation Treatment	\$	304
CPAP Initiation & Management	\$	304
Spirometry	\$	264

## X-Ray and Radiological Charges

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

XR Chest 1 View	\$ 158	XR Spine Lumbosacral 2 or 3 Views	\$ 337
XR Chest 2 Views	\$ 200	Ultrasound Transvaginal NonOB	\$ 680
Screening Mammography, bilateral, with CAD	\$ 460	XR Hand 3 Views Minimum	\$ 363
XR Addomen 1 View	\$ 171	RADTN THERAPY DOSE PLAN	\$ 862
XR Foot 3 Views Minimum	\$ 328	MRI Brain w wo Contrast	\$ 2,776
XR Knee 4 Views or More	\$ 403	XR Ankle 3 Views	\$ 328
CT Abdomen & Pelvis w Contrast	\$ 2,448	Ultrasound Pregnant Uterus, Follow up	\$ 399
CT Head Brain wo Contrast	\$ 1,190	Ultrasound Breast Unilateral Limited	\$ 398
IMRT COMPLEX	\$ 3,000	Bone Density DEXA	\$ 275
CT Thorax w Contrast	\$ 1,439	Ultrasound Retroperitoneal	\$ 815
XR Shoulder 2 Views	\$ 339	CT, Abdomen and Pelvis wo Cont	\$ 1,782
Ultrasound Abdomen Limited	\$ 688	RADIATION TREATMENT DELIVERY	\$ 1,184
CT Thorax wo Contrast	\$ 1,378	Diagnostic Mammography, unilateral, with CAD	\$ 425
XR Hip, Uniteral, 2-3 views	\$ 336	Ultrasound of Head and Neck	\$ 943
Screening Digital Tomography of Both Breasts	\$ 106	XR Wrist 3 Views Minimum	\$ 326

## Laboratory Charges

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

Glucose, Blood, Scan	\$ 20	Prothrombin Time	\$ 48
Comprehensive Metabolic Panel	\$ 158	Lipid Panel	\$ 111
CBC/Differential	\$ 67	TSH	\$ 143
CBC	\$ 58	Partial Thromboplastin Time	\$ 57
Lactic Acid	\$ 78	Phosphorus Serum	\$ 165
Potassium	\$ 28	HbA1c	\$ 80
Ionized Calcium	\$ 95	Surgical Pathology, Level 4	\$ 942
Sodium	\$ 28	Vitamin D	\$ 219
Glucose, Blood, Quantitative	\$ 43	Urinalysis w/microscopy	\$ 46
Blood Gases	\$ 267	Blood Typing, ABO	\$ 61
Hemoglobin	\$ 55	Blood Typing, Rh (D)	\$ 53
Carboxyhemoglobin	\$ 79	Antibody Screen	\$ 111
Hemoglobin, methemoglobin	\$ 52	Urinalysis, routine	\$ 20
Magnesium	\$ 194	Bacterial Urine Culture	\$ 67
Basic Metabolic Panel	\$ 104	Troponin	\$ 112

## Hospital Billing Policies

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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](http://ohanet.org/portal).