



## Patient Price Information List

In compliance with state law, Medina Hospital is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospitals' 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

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Intensive care	\$2,659
Medical/Surgical	\$1,550

### Labor and Delivery Charges

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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

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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.

Level 1	\$ 329	Critical Care, Initial	\$3,039
Level 2	\$ 597		
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	\$2,139	Level 1 – each additional 30 mins	\$1,574
Level 2 – Initial 30 mins	\$2,636	Level 2 – each additional 30 mins	\$2,069
Level 3 – Initial 30 mins	\$2,971	Level 3 – each additional 30 mins	\$2,413
Level 4 – Initial 30 mins	\$3,261	Level 4 – each additional 30 mins	\$2,707
Level 5 – Initial 30 mins	\$3,664	Level 5 – each additional 30 mins	\$3,129
Level 6 – Initial 30 mins	\$3,916	Level 6 – each additional 30 mins	\$3,662

## 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	\$	412
Gait Training /per 15 min	\$	133
Therapeutic Exercise /per 15 min	\$	164
Therapeutic Group	\$	137

## 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		N/A
Therapeutic Exercise /per 15 min	\$	164
Therapeutic Group	\$	137

## 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	\$	133
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	Screening Digital Tomography of Both Breasts	\$ 106
XR Chest 2 Views	\$ 200	XR Spine Lumbosacral 2 or 3 Views	\$ 337
CT Head Brain wo Contrast	\$ 1,250	XR Knee 4 Views or More	\$ 403
Screening Mammography, bilateral, with CAD	\$ 460	Radiation Treatment Delivery	\$ 701
CT Abdomen & Pelvis w Contrast	\$ 2,570	XR Ankle 3 Views	\$ 328
XR Addomen 1 View	\$ 171	XR Pelvis 1 or 2 Views	\$ 327
CT Thorax w Contrast	\$ 1,439	XR Hand 3 Views Minimum	\$ 363
Ultrasound Abdomen Limited	\$ 688	Ultrasound Breast Unilateral Limited	\$ 398
CT, Abdomen and Pelvis wo Cont	\$ 1,782	MRI Brain wo Contrast	\$ 1,656
CT Cervical Spine wo Contrast	\$ 1,130	Bone Density DEXA	\$ 275
CT Thorax wo Contrast	\$ 1,447	Diagnostic Mammography, unilateral, with CAD	\$ 405
Ultrasound Retroperitoneal	\$ 815	XR Wrist 3 Views Minimum	\$ 326
XR Foot 3 Views Minimum	\$ 328	XR Knee, 1 or 2 Views	\$ 262
XR Shoulder 2 Views	\$ 339	CT Blood Vessel of Head w Contrast	\$ 2,192
XR Hip, Uniteral, 2-3 views	\$ 336	MRI Brain w wo Contrast	\$ 2,776

## Laboratory Charges

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

Glucose, Blood, Scan	\$ 20	Phosphorus Serum	\$ 165
CBC/Differential	\$ 64	Renal Function Panel	\$ 84
Comprehensive Metabolic Panel	\$ 158	Potassium	\$ 30
Basic Metabolic Panel	\$ 104	Bacterial Urine Culture	\$ 64
CBC	\$ 58	Lipase	\$ 59
Magnesium	\$ 194	Blood Gases	\$ 250
Troponin	\$ 112	Hemoglobin	\$ 52
Prothrombin Time	\$ 48	C-Reactive Protein	\$ 73
Urinalysis w/microscopy	\$ 46	Surgical Pathology, Level 4	\$ 942
Partial Thromboplastin Time	\$ 54	Sodium	\$ 31
Lactic Acid	\$ 78	Ionized Calcium	\$ 100
Bacterial Blood Culture	\$ 147	Creatine Kinase	\$ 52
Blood Typing, Rh (D)	\$ 56	Pregnancy Test, Urine	\$ 87
Blood Typing, ABO	\$ 64	Bacterial Culture, aerobic	\$ 60
Antibody Screen	\$ 111	Natriuretic Peptide	\$ 260

## 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).