



## Patient Price Information List

In compliance with state law, South Pointe Hospital 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, 2019.

### Room and Board — Per Day Charges

Coronary care	\$2,363	Skilled Nursing	N/A
Intensive care	\$2,457	Rehabilitation	N/A
Medical/Surgical	\$1,273	Obstetrics/Labor & Delivery	N/A
Step Down	N/A	Nursery	N/A
Psychiatry	\$1,149	Neonatal	N/A

### 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	\$ 313	Critical Care, Initial	\$2,898
Level 2	\$ 569	Critical Care, Additional	\$1,521
Level 3	\$1,000		
Level 4	\$1,623		
Level 5	\$2,379		

## 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	\$2,118	Level 1 – each additional 30 mins	\$1,558
Level 2 – Initial 30 mins	\$2,610	Level 2 – each additional 30 mins	\$2,049
Level 3 – Initial 30 mins	\$2,942	Level 3 – each additional 30 mins	\$2,389
Level 4 – Initial 30 mins	\$3,229	Level 4 – each additional 30 mins	\$2,680
Level 5 – Initial 30 mins	\$3,628	Level 5 – each additional 30 mins	\$3,098
Level 6 – Initial 30 mins	\$3,877	Level 6 – each additional 30 mins	\$3,626

## 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	\$ 480
Gait Training	\$ 140
Therapeutic Exercise /per 15 min	\$ 197
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	\$ 197
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	\$ 103
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.

Bone Density DEXA	\$ 275	Ultrasound Retroperitoneal	\$ 856
CT Abdomen & Pelvis w Contrast	\$ 2,564	Ultrasound Transvaginal NonOB	\$ 714
CT Angio Chest w wo Contrast	\$ 2,018	XR Addomen 1 View	\$ 171
CT Cervical Spine wo Contrast	\$ 1,130	XR Ankle 3 Views	\$ 294
CT Head Brain wo Contrast	\$ 1,250	XR Chest 1 View	\$ 158
CT Thorax w Contrast	\$ 1,511	XR Chest 2 Views	\$ 200
CT Thorax wo Contrast	\$ 1,447	XR Foot 3 Views Minimum	\$ 285
CT, Abdomen and Pelvis wo Cont	\$ 1,871	XR Hand 3 Views Minimum	\$ 258
Diagnostic Mammography, unilateral, with CAD	\$ 405	XR Hip, Uniteral, 2-3 views	\$ 299
Fluoroscopy	\$ 689	XR Knee 3 Views Minimum	\$ 308
MRI Brain wo Contrast	\$ 1,736	XR Knee, 1 or 2 Views	\$ 262
Myocardial Perfusion, Tomographic	\$ 5,272	XR Pelvis 1 or 2 Views	\$ 297
Nuclear Scan of Lung	\$ 3,267	XR Shoulder 2 Views	\$ 262
Screening Mammography, bilateral, with CAD	\$ 460	XR Spine Lumbosacral 2 or 3 Views	\$ 306
Ultrasound Abdomen Limited	\$ 731	XR Wrist 3 Views Minimum	\$ 296

## Laboratory Charges

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

Bacterial Blood Culture	\$ 154	Lactic Acid	\$ 78
Bacterial Culture, aerobic	\$ 63	Lipase	\$ 59
Bacterial Urine Culture	\$ 67	Lipid Panel	\$ 111
Basic Metabolic Panel	\$ 109	Magnesium	\$ 49
Blood Gases	\$ 195	Partial Thromboplastin Time	\$ 57
CBC	\$ 58	Potassium	\$ 28
CBC/Differential	\$ 67	Pregnancy Test, Urine	\$ 54
Chloride; Blood	\$ 32	Prothrombin Time	\$ 48
Comprehensive Metabolic Panel	\$ 166	Renal Function Panel	\$ 84
Creatine Kinase	\$ 63	Sodium	\$ 28
Creatine Kinase, MB fraction	\$ 79	Surgical Pathology, Level 4	\$ 942
Glucose, Blood, Scan	\$ 35	Troponin	\$ 112
HbA1c	\$ 76	TSH	\$ 143
Influenza DNA AMP Probe	\$ 195	Urinalysis w/microscopy	\$ 46
Ionized Calcium	\$ 100	Vitamin D	\$ 219

## 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).