Cleveland Clinic
South Pointe Hospital



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, 2026.

Room and Board – Per Day Charges

Coronary Care	$	8,166	Skilled Nursing		N/A
Intensive Care	$	8.166	Rehabilitation		N/A
Medical/Surgical	$	3,675	Obstetrics/Labor and Delivery		N/A
Step Down	$	6,125	Nursery		N/A
Psychiatry	$	2,811	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	$	608	Critical care, Initial	$	5,814
Level 2	$	1,093	Critical care, Additional	$	2,487
Level 3	$	1,911			
Level 4	$	2,938			
Level 5	$	4,230			

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	$	3,394	Level 1 each additional 30 mins	$	3,387
Level 2	$	4,184	Level 2 each additional 30 mins	$	3,885
Level 3	$	4,734	Level 3 each additional 30 mins	$	4,734
Level 4	$	5,786	Level 4 each additional 30 mins	$	5,786
Level 5	$	5,971	Level 5 each additional 30 mins	$	5,971
Level 6	$	6,381	Level 6 each additional 30 mins	$	6,381

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	$	605
Gait Training	$	228
Therapeutic Exercise/per 15 min	$	258
Therapeutic Group	$	234

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	$	674
Therapeutic Exercise/per 15 min	$	258
Therapeutic Group	$	234

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 Inhiliation Treatment	$	936
CPAP Initiation and Management	$	936
Spirometry	$	720

X-Ray and Radiological Charges

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

XR Chest 1 View	$ 608	Ultrasound Retroperitoneal	$ 734
XR Chest 2 Views	$ 608	XR Knee 4 Views or More	$ 734
CT Scan Head or Brain without Contrast	$ 734	XR Spine Lumbosacral 2 or 3 Views	$ 734
CT Scan of Abdomen and Pelvis with Contrast	$ 2,464	XR Ankle 3 Views	$ 608
Screening Mammography	$ 609	XR Hand 3 Views Minimum	$ 608
Screening Digital Tomography of Both Breasts CT	$ 140	Ultrasound Breast Unilateral Limited	$ 608
Scan of Chest with Contrast	$ 1,228	DXA Bone Density Measurement of Hip, Pelvis, Spine	$ 734
XR Addomen 1 View	$ 608	XR Knee, 1 or 2 Views	$ 608
CT Scan of Upper Spine without Contrast	$ 734	CT Scan of Blood Vessels of Head with Contrast	$ 1,228
Ultrasound Abdomen Limited	$ 734	MRI Brain wo Contrast	$ 1,668
CT Scan of Abdomen and Pelvis without Contrast	$ 1,668	XR Wrist 3 Views Minimum	$ 608
CT Scan of Chest without Contrast	$ 734	Diagnostic Mammography of 1 Breast	$ 563
XR Shoulder 2 Views	$ 608	XR Pelvis 1 or 2 Views	$ 734
XR Foot 3 Views Minimum	$ 608	MRI Brain w wo Contrast	$ 2,464
XR Hip, Uniteral, 2-3 views	$ 608	Ultrasound Transvaginal NonOB	$ 734

Laboratory Charges

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

Glucose Blood Test	$ 23	Potassium	$ 33
Comprehensive Metabolic Panel	$ 73	Hemoglobin	$ 16
CBC/Differential	$ 54	Blood Gases	$ 544
CBC	$ 45	Bacterial Blood Culture	$ 71
Basic Metabolic Panel	$ 58	Ionized Calcium	$ 94
Magnesium	$ 46	Lipase	$ 48
Troponin	$ 86	Sodium	$ 33
Urinalysis w/microscopy	$ 22	Carboxyhemoglobin	$ 85
Prothrombin Time	$ 30	Bacterial Urine Culture	$ 56
Lactic Acid	$ 80	Blood Typing, ABO	$ 21
TSH	$ 116	Blood Typing, Rh (D)	$ 21
Partial Thromboplastin Time	$ 41	Hemoglobin, methemoglobin	$ 57
Lipid Panel	$ 92	Natriuretic Peptide	$ 271
Phosphorus Serum	$ 33	Antibody Screen	$ 67
Surgical Pathology, Level 4	$ 369	Glucose, Blood, Quantitative	$ 27

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.