



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, 2008.

Room and Board -- Per Day Charges

Coronary care	\$ 3,780.00	Chemical Dependency/Detox	\$ 1,313.00
Intensive care	\$ 3,780.00	Neonatal Intensive Care	\$ 3,780.00
Medical/Surgical		Skilled Nursing	
Semi-Private	\$ 1,313.00	Semi-Private	\$ 1,313.00
Private	\$ 1,313.00	Private	\$ 1,313.00
Step Down		Rehabilitation	
Semi-Private	\$ 2,625.00	Semi-Private	\$ 1,313.00
Private	\$ 2,625.00	Private	\$ 1,313.00
Psychiatry		Founders Suites	\$ 2,027.00
Semi-Private	\$ 1,313.00		to \$ 5,145.00
Private	\$ 1,313.00		

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 per 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	\$ 208.00
Level 2	\$ 326.00
Level 3	\$ 612.00
Level 4	\$ 889.00
Level 5	\$ 1,592.00

Operating Room Charges

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	\$ 1,465.00	Level 4	\$ 2,505.00
Level 2	\$ 1,681.00	Level 5	\$ 2,584.00
Level 3	\$ 2,047.00	Level 6	\$ 2,762.00



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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	\$ 265.00	Therapeutic Exercise/per 15 min	\$ 169.00
Gait Training	\$ 179.00	Therapeutic Group	\$ 140.00

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	\$ 265.00
Therapeutic Exercise/per 15 min	\$ 169.00
Therapeutic Group	\$ 140.00

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.

Inhalation Treatment	\$ 135.00
Demonstrate/evaluate nebulizer	\$ 169.00

X-Ray and Radiological Charges

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

Chest X-Ray (1 View)	\$ 202.00	Abdominal CT, Without and With Contrast	\$ 2,256.00
Chest X-Ray (2 Views)	\$ 255.00	Bone Density Screen	\$ 346.00
Pelvic CT with Contrast	\$ 1,674.00	Foot X-Ray, Minimum of 3 Views	\$ 271.00
Abdominal CT with Contrast	\$ 1,806.00	Chest CT Angiography, with and without C	\$ 1,218.00
Abdominal X-Ray	\$ 198.00	Spinal X-Ray	\$ 2,264.00
Chest CT with Contrast	\$ 1,893.00	Pelvic X-Ray, 1 View	\$ 210.00
Brain/Head CT without Contrast	\$ 1,281.00	Mammogram, Unilateral	\$ 221.00
Brain/Head MRI without and with Contrast	\$ 3,133.00	Chest CT without Contrast	\$ 1,480.00
Fluoroscopic Guidance for Needle Placement	\$ 549.00	Shoulder X-Ray, 2 views	\$ 252.00
Abdominal Ultrasound, Limited	\$ 554.00	Fluoroscopy, up to 1 Hour	\$ 418.00
Screening Mammogram, Bilateral	\$ 173.00	Knee X-Ray, 1 or 2 Views	\$ 228.00
Heart Perfusion Imaging, Multiple	\$ 2,221.00	Breast Ultrasound	\$ 402.00
Heart Perfusion Imaging with Wall Motion	\$ 797.00	Brain MRI Without Contrast	\$ 2,384.00
Heart Perfusion Study with Ejection Fraction	\$ 574.00	Hip X-Ray, Minimum 2 Views	\$ 253.00
Knee X-Ray, 4 or More Views	\$ 311.00	Shoulder X-Ray, 1 view	\$ 272.00

Laboratory Charges

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

Blood Glucose (Home Use)	\$ 24.00	Surgical Pathology, Level IV	\$ 234.00
Comprehensive Metabolic Panel	\$ 197.00	Carboxyhemoglobin Test	\$ 76.00
Complete Blood Count CBC	\$ 66.00	Quantitative Methemoglobin Test	\$ 51.00
Basic Metabolic Panel	\$ 123.00	Toxicology Screen	\$ 39.00
Differential White Blood Cell Count	\$ 75.00	Creatine Kinase Test, Total	\$ 57.00
Anticoagulation Test	\$ 54.00	Electronic Crossmatch	\$ 81.00
Potassium Test	\$ 20.00	Sodium Test	\$ 19.00
Quantitative Blood Glucose	\$ 40.00	ABO Blood Typing	\$ 53.00
Blood Gases Test	\$ 145.00	RH Blood Typing	\$ 51.00
Partial Thromboplastin Time Test	\$ 66.00	Ionized Calcium Test	\$ 94.00
Magnesium Test	\$ 58.00	RBC Antibody Test	\$ 88.00
Lipid Panel	\$ 131.00	Creatine Kinase Test, MB Fraction Only	\$ 92.00
Blood Count, Hemoglobin	\$ 27.00	Glycosylated Hemoglobin Test	\$ 63.00
Phosphorous Test	\$ 38.00	Bacterial Culture	\$ 185.00
Thyroid Stimulating Hormone Test	\$ 136.00	Troponin Test	\$ 126.00



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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 www.ohanet.org/portal.