



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, 2026.

Room and Board – Per Day Charges

Coronary Care	\$	8,166	Step Down	\$	6,125
Intensive Care	\$	8,166	Psychiatry Skilled	\$	2,811
Medical/Surgical	\$	3,675	Nursing	\$	1,107

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	\$	3,778	Vaginal Delivery Single	\$	6,039
Vaginal Delivery Twins	\$	4,279	Vaginal Delivery Twins	\$	7,981
Vaginal Delivery Triplets	\$	6,976	Vaginal Delivery Triplets	\$	8,738

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 Inhilation Treatment	\$	936
CPAP Initiation and Management	\$	936
Spirometry	\$	720

X-Ray and Radiological Charges

The following charges reflect the hospital's 20 most common x-ray and radiological procedures.

XR Chest 1 View	\$ 608	CT Scan of Chest without Contrast XR	\$ 734
XR Chest 2 Views	\$ 608	Hip, Unilateral, 2-3 views	\$ 608
Screening Mammography	\$ 609	CT Scan of Chest with Contrast	\$ 1,228
Screening Digital Tomography of Both Breasts	\$ 140	Ultrasound Abdomen Limited	\$ 734
XR Abdomen 1 View	\$ 608	XR Spine Lumbosacral 2 or 3 Views XR	\$ 734
XR Foot 3 Views Minimum	\$ 608	Hand 3 Views Minimum Ultrasound	\$ 608
XR Knee 4 Views or More	\$ 734	Transvaginal NonOB	\$ 734
CT Scan of Abdomen and Pelvis with Contrast	\$ 2,464	XR Ankle 3 Views	\$ 608
CT Scan Head or Brain without Contrast	\$ 734	MRI Brain w wo Contrast	\$ 2,464
XR Shoulder 2 Views	\$ 608	Ultrasound Pregnant Uterus, Follow up	\$ 734

Laboratory Charges

The following charges reflect the hospital's 20 most common laboratory procedures.

Comprehensive Metabolic Panel	\$ 73	Hemoglobin	\$ 16
Glucose Blood Test	\$ 23	Hemoglobin, Methemoglobin	\$ 57
CBC/Differential	\$ 54	Carboxyhemoglobin	\$ 85
CBC	\$ 45	Magnesium	\$ 46
Lactic Acid	\$ 80	HbA1c	\$ 67
Ionized Calcium	\$ 94	Lipid Panel	\$ 92
Potassium	\$ 33	Surgical Pathology, Level 4	\$ 369
Glucose, Blood, Quantitative	\$ 27	Basic Metabolic Panel	\$ 58
Sodium	\$ 33	TSH	\$ 116
Blood Gases	\$ 544	Prothrombin Time	\$ 30

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.