



## 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, 2016.

### Room and Board — Per Day Charges

Coronary care	\$5,136	Chemical Dependency/Detox	\$1,699
Intensive care	\$5,136	Neonatal Intensive Care	\$5,136
Medical/Surgical	\$1,699	Skilled Nursing	\$1,699
Step Down	\$3,396	Rehabilitation	\$1,699
Psychiatry	\$1,699		

### 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 Base Rate, 1st 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	\$ 236	Critical Care, Initial	\$3,961
Level 2	\$ 439	Critical Care, Additional	\$ 251
Level 3	\$ 773		
Level 4	\$1,300		
Level 5	\$1,919		

## 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 - Initial 30 mins	\$1,971	Level 1 - each additional 30 mins	\$1,969
Level 2 - Initial 30 mins	\$2,261	Level 2 - each additional 30 mins	\$2,261
Level 3 - Initial 30 mins	\$2,754	Level 3 - each additional 30 mins	\$2,755
Level 4 - Initial 30 mins	\$3,369	Level 4 - each additional 30 mins	\$3,369
Level 5 - Initial 30 mins	\$3,476	Level 5 - each additional 30 mins	\$3,476
Level 6 - Initial 30 mins	\$3,715	Level 6 - each additional 30 mins	\$3,715

## 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	\$ 466
Gait Training	\$ 171
Therapeutic Exercise /per 15 min	\$ 193
Therapeutic Group	\$ 124

## 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	\$ 518
Therapeutic Exercise /per 15 min	\$ 193
Therapeutic Group	\$ 124

## 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	\$ 186
Demonstrate/evaluate nebulizer	\$ 248

## X-Ray and Radiological Charges

---

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

Bone Density DEXA	\$ 361	Ultrasound Retroperitoneal	\$ 891
CAD Diagnostic Mammography	\$ 31	Ultrasound Transvaginal NonOB	\$ 752
CAD Screening Mammography	\$ 67	XR Abdomen KUB	\$ 166
CT Abdomen & Pelvis w Contrast	\$ 2,539	XR Ankle 3 Views	\$ 257
CT Head Brain wo Contrast	\$ 845	XR Chest PA Lat	\$ 195
CT Thorax w Contrast	\$ 1,926	XR Chest Portable	\$ 154
CT Thorax wo Contrast	\$ 1,487	XR Foot 3 Views Minimum	\$ 236
CT, Abdomen and Pelvis wo Cont	\$ 1,786	XR Hand 3 Views Minimum	\$ 249
Fluoroscopy	\$ 591	XR Hip 2 Views Minimum	\$ 298
MRI Brain w wo Contrast	\$ 3,032	XR Knee 4 Views or More	\$ 323
Myocardial Perfusion, Tomographic	\$ 4,751	XR Knee, 1 or 2 Views	\$ 228
Ultrasound Abdomen Limited	\$ 725	XR Pelvis 1 or 2 Views	\$ 212
Ultrasound Guidance for Needle Placement	\$ 1,067	XR Shoulder 2 Views	\$ 220
Ultrasound of Head and Neck	\$ 1,031	XR Spine Lumbosacral 2 or 3 Views	\$ 270
Ultrasound Pregnant Uterus, Follow up	\$ 399	XR Wrist 3 Views Minimum	\$ 303

## Laboratory Charges

---

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

Antibody Screen	\$ 106	Hemoglobin, methemoglobin	\$ 53
Bacterial Urine Culture	\$ 67	Ionized Calcium	\$ 100
Basic Metabolic Panel	\$ 109	Lactic Acid	\$ 78
Blood Gases	\$ 205	Lipid Panel	\$ 111
Blood Typing, ABO	\$ 61	Magnesium	\$ 49
Blood Typing, Rh (D)	\$ 53	Partial Thromboplastin Time	\$ 57
Carboxyhemoglobin	\$ 79	Phosphorus Serum	\$ 41
CBC	\$ 58	Potassium	\$ 34
CBC/Differential	\$ 67	Prothrombin Time	\$ 48
Comprehensive Metabolic Panel	\$ 166	Sodium	\$ 35
Creatine Kinase	\$ 55	Surgical Pathology, Level 4	\$ 274
Glucose, Blood, Quantitative	\$ 33	Troponin	\$ 112
Glucose, Blood, Scan	\$ 20	TSH	\$ 143
HbA1c	\$ 76	Urinalysis, routine	\$ 20
Hemoglobin	\$ 23	Vitamin D	\$ 219

## 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](http://ohanet.org/portal).