



### Patient Price Information List



In compliance with state law, Wooster Community 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 registration and billing staff to determine whether they qualify for discounts. These prices are correct as of 7/1/2010

#### Room and Board -- Per Day Charges

	Charges
Progressive Care Unit	
telemetry rate	\$ 630.00
Intensive care	
ICU	\$ 1,270.00
ICU Step down	\$ 949.00
ICU Intermediate	\$ 1,155.00
ICU Telemetry	\$ 630.00
Womens Pavillion	
Standard	\$ 557.00
Nursery	\$ 447.00
Med/Surg (3rd Floor)	
Standard	\$ 495.00
telemetry rate	\$ 630.00
Pediatrics	
Standard	\$ 495.00
Inpatient Rehab	
Standard	\$749.00

#### Labor and Delivery Charges

The following list does not include charges for anesthesia, drugs, or supplies required for a particular delivery room procedure. Charges for Normal Delivery are an average for a vaginal delivery, 2 day stay. Charges for C-Section are an average for a C-section with a 4 day stay. Your charges may be higher or lower, and will reflect the services you actually receive. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.

	Charges
Normal Delivery	\$ 5,643.35
Cesarean Section Delivery	\$ 5,971.42
Newborn charges	\$ 1,491.74
Fetal Monitor per hour	\$ 57.40
Labor Room per hour	\$ 132.00
Recovery Care	\$ 235.10
Non-Stress test (Scheduled)	\$ 218.35
Epidural Anesthetic	\$ 144.35

#### 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 (such as imaging services) that may be required for a particular emergency treatment. They also do not include fees for Emergency Department physicians, or other ancillary physicians (such as Radiologists) who will bill separately for their services. For ED physician charges, please call 330-864-8900.

	Charges
Level 1	\$ 123.75
Level 2	\$ 168.65
Level 3	\$ 219.40
Level 4	\$ 312.00
Level 5	\$ 339.20
Critical care	\$ 702.65
Simple Suture (stitches)	\$ 161.20
Complex Suture	\$ 190.75
Minor procedure	\$ 164.45
Major Procedure	\$ 374.20

#### Operating Room Charges

*Operating Room charges are based on the complexity level, with level 1 being the most basic, for a particular operation. There is an initial, set-up charge as well as an additional charge for each minute while the operation is being performed. This list does not include supplies, anesthesia, medications, pre-admission testing, or any professional services (physician charges). This list is informational only. For an estimate of a specific procedure, please call 330-263-8158.*

	Set-Up Charge	Additional per minute charge
Class I	\$ 492.25	\$ 14.10
Class II	\$ 577.35	\$ 14.85
Class III	\$ 757.50	\$ 15.90
Class IV	\$ 1,117.85	\$ 21.05
Class V	\$ 1,478.25	\$ 23.00
Class VI	\$ 1,847.95	\$ 23.75
Class VII	\$ 2,216.25	\$ 24.90
Class VIII	\$ 2,520.75	\$ 25.65
Class IX	\$ 2,912.25	\$ 21.70
Class X	\$ 5,270.75	\$ 27.90

### 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.*

	Charges
Ultrasound, 1/4 hour	\$ 35.85
Massage, 1/4 hour	\$ 35.85
Gait training, 1/4 hour	\$ 42.20
Electronic Stimulation (unattended)	\$ 35.85
Whirlpool standard	\$ 31.15
Therapeutic Exercise, 1/4 hour	\$ 70.30
Physical/Perf Test, 1/4 hour	\$ 58.10
Evaluation	\$ 101.35

### 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.*

	Charges
Evaluation	\$ 101.35
Orthotics, 1/4 hour	\$ 70.30
Comm/Work Reintegration, 1/4 hour	\$ 58.10
Cognitive Perceptual, 1/4 hour	\$ 37.00
Re-Evaluation	\$ 83.10
Neuromuscular Reeducation	\$ 58.10
Gait Training, 1/4 hour	\$ 51.10

### Speech Therapy Charges

*The following charges reflect the most common services offered by our Speech Therapy department. Patients may have additional charges, depending on the services performed.*

Treatment, 1/4 hour	\$ 57.55
Swallowing Evaluation	\$ 184.75
Swallowing Treatment, 1/2 hour	\$ 132.00
Evaluation	\$ 174.15
Aphasia Assessment/Hour	\$ 95.05

### 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.*

	Charges
Aerosol treatment	\$ 63.70
Aerosol treatment, subsequent	\$ 34.45
Cool Mist/half day	\$ 39.70
Short Term Oxygen	\$ 49.45
Oxygen Therapy/Day	\$ 74.65
Ventilator/Day	\$ 532.65
EEG	\$ 297.95
MDI charge	\$ 60.70
Deep Suction	\$ 89.85

Pulse Oximeter	\$ 26.75
Overnight Sleep Study (does not include physician interpretation)	\$ 3,325.15
Overnight Sleep Study with CPAP (does not include physician interpretation)	\$ 3,350.95

### Cardiovascular Services Charges

*The following charges reflect the most common services offered by our Cardiovascular Services department. Patients may have additional charges, depending on the services performed. Some services require medication to complete, and the dosages vary, which will cause the pricing to vary. Your charges may be higher or lower. The charges listed below do not include physician interpretation. For physician interpretation fees, please contact the ordering physician for the name of the interpreting physician requested.*

EKG	\$ 81.20
24 Hour Holter Monitor	\$ 178.50
Nuclear Stress Test (charges vary depending on drug dosage)	\$ 2,616.89
Exercise Stress Test	\$ 884.50
Echocardiogram complete	\$ 1,739.15
Transesophageal Echo (TEE)	\$ 966.65
Pediatric Echocardiogram	\$ 1,737.35

### X-Ray/Imaging Charges

*The following charges reflect the hospital's most common x-ray and radiological procedures. The charges do not include the radiologist's reading fee. For information on the radiologist's fee, please contact Radisphere National Radiology Group at 800-240-6010, option 3*

Radiology	Charges
Abdomen, Single View	\$ 120.65
Abdomen, Multiview	\$ 117.15
Chest & Lateral	\$ 116.60
Ankle	\$ 168.90
Upper GI Series	\$ 426.00
Pyelogram	\$ 534.00
Cervical Spine w/Oblique	\$ 292.35
Chest, PA	\$ 85.60
Shoulder, 2 views	\$ 165.60
Lumbar - Sacral Spine/Oblique	\$ 231.80
Foot	\$ 203.95
Hand	\$ 203.95
Knee w/ tunnel View	\$ 202.40
Bone Density Study	\$ 182.00
Ultrasound	
Initial OB > 14 weeks gestation	\$ 301.80
Pelvic	\$ 405.25
Abdomen, Limited	\$ 368.65
Gallbladder Ultrasound	\$ 368.65
Nuclear Medicine	
Three Phase Bone Scan	\$ 921.05
Myocardial Perf Spect	\$ 1,239.80
Cat Scan	
Brain, without contrast	\$ 649.65
Brain, with and without contrast	\$ 1,663.60
Abdomen, with and without contrast	\$ 1,067.65
Pelvis, with contrast	\$ 1,004.15
Lumbar Spine, without contrast	\$ 868.40
Mammography	
Mammogram, bilateral, digital	\$ 144.40
Mammography, unilateral, digital	\$ 123.75
Screening mammography, digital	\$ 144.40
MRI	
Brain, without contrast	\$ 1,461.65
Brain, with and without contrast	\$ 2,867.45
Lumbar spine	\$ 1,965.05

### Laboratory Charges

*The following charges reflect the hospital's most common laboratory procedures. The laboratory charges do not include fees for the pathologist's service. For fee information, please contact Regional Pathology Associates at 440-329-7656*

Type & Screen	Charges
Electrolyte Panel	\$ 122.05
Drawing Fee	\$ 51.20
	\$ 15.65

Blood Culture	\$	52.40
CBC w/ auto diff	\$	38.65
Blood Typing RH D	\$	26.20
Urinalysis, complete	\$	22.80
Protime	\$	19.60
PTT	\$	24.05
CBC, PLT Auto	\$	34.40
Creatine Kinase Total	\$	29.80
Blood Grouping ABO	\$	33.80
Basic Metabolic Profile	\$	46.80
Comprehensive Metabolic Profile	\$	102.30
Prenatal Panel	\$	81.40
Glucose, Random	\$	26.15
Profile, Liver	\$	68.70
Thyroid Stimulating Hormone (TSH)	\$	75.55
Gram Stain	\$	22.25
Direct Antiglobulin Coomb	\$	38.30
T-4 Thyroxine	\$	39.85
Dixogxin	\$	60.65
Pap Smear	\$	22.15
Red Cells, Packed	\$	266.15
Lipid Profile	\$	111.25
Urine Culture	\$	21.55
HB, A1C	\$	23.70
Glucose Tolerance Test 2 hour	\$	167.85

### Hospital Billing Policies

#### Financial Assistance

Financial assistance is available to patients who meet certain guidelines. For questions or an application regarding financial assistance, please call 330-263-8418. Applications are also available at all registration points and on our website. See also, the WCH financial assistance pamphlet on our website.

#### Self pay discounts

Discounts are extended to self pay patients (those without insurance) if accounts are paid in full within 60 days of the initial billing. For further information, please call 330-263-8160 or 330-263-8158.

#### Credit policy

Payment in full is expected at the time of initial billing. However, Wooster Community Hospital realizes that payment in full is not always possible. Because of this, we offer the following credit terms

Balances less than \$400 - minimum monthly payment is \$40.

Balances greater than \$400 - minimum monthly payment is 10 % of the beginning patient balance.

Wooster Community Hospital does not charge interest on outstanding balances.

All payment plans must be set up in our business office. To make payment arrangements, please call 330-263-8160. We also accept Visa, Mastercard and Discover for your convenience.



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



## **Patient Price Information List Wound Healing Center**

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### Wound Center Charges

Visit Charges	Charges	
Est. Patient, Level 1	\$	103.55
Est. Patient, Level 2	\$	109.55
Est. Patient, Level 3	\$	115.70
Est. Patient, Level 4	\$	158.20
Est. Patient, Level 5	\$	170.35
<b>Debridement Charges</b>		
Skin, partial thickness	\$	255.45
Skin, full thickness	\$	255.45
Skin, tissue, muscle	\$	364.75
Skin, tissue, muscle, bone	\$	1,191.50
Trimming nails, any	\$	79.25
TCP O2 monitoring	\$	213.00
HBO treatment, <b>per 30 minute:</b>	\$	383.75
Blood Glucose monitoring	\$	18.30

### Hospital Billing Policies

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**Credit policy**


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