



In compliance with state law, Riverside Methodist 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 October 16, 2009.

Room and Board -- Per Day Charges

| Charges | |
|---|------------|
| Critical Care | \$835.00 |
| Nursery | \$685.00 |
| Mental Health Private | \$1,399.00 |
| Med/Surg Private | \$721.00 |
| Med/Surg Semi-Private | \$685.00 |
| | |
| Nursing Care per Hour | \$70.25 |
| Nursing Care per Hour Critical Care | \$118.00 |
| Nursing Care per Recovery Critical Care | \$180.25 |

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.

| Charges | |
|---------------------------|------------|
| Normal Delivery | \$4,620.25 |
| Cesarean Section Delivery | \$7,613.75 |

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.

| Charges | |
|--------------------------------------|------------|
| Level 1 | \$279.75 |
| Level 2 | \$425.25 |
| Level 3 | \$762.25 |
| Level 4 | \$1,204.75 |
| Level 5 | \$1,601.25 |
| Critical Care first 30 to 74 Minutes | \$3,525.00 |
| Critical Care additional 30 Minutes | \$187.25 |
| Trauma Activation Fee Category I | \$5,682.75 |
| Trauma Activation Fee Category II | \$4,972.25 |

Operating Room Charges

Operating Room charges are based on the complexity level, with level 2 being the most basic, for a particular operation. There is an initial charge as well as an additional charge for each 15 minutes while the operation is being performed.

| | Initial 30 Minutes | Additional 15-Minute Charge |
|---------|--------------------|-----------------------------|
| Level 2 | \$2,699.25 | \$1,136.75 |
| Level 3 | \$3,559.50 | \$1,190.50 |
| Level 4 | \$4,232.50 | \$1,277.25 |
| Level 5 | \$5,572.00 | \$1,521.75 |
| Level 6 | \$6,112.50 | \$1,576.75 |

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 |
|---------------------------------|----------|
| Aquatic Therapy/Exercise 15 Min | \$128.00 |
| Electrical Stim 15 Min | \$118.50 |
| Evaluation Basic | \$214.50 |
| Functional Activity 15 Min | \$107.25 |
| Gait Training 15 Min | \$107.25 |
| Hubbard Tank 15 Min | \$153.25 |
| Manual Therapy 15 Min | \$123.25 |
| Nueromuscular Re-Ed 15 Min | \$107.25 |
| Therapeutic Exercise 15 Min | \$107.25 |
| Traction | \$86.50 |
| Ultrasound 15 Min | \$79.50 |
| Whirlpool Basic | \$129.00 |

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.

| | Charges |
|-----------------------------------|----------|
| Activities of Daily Living 15 Min | \$79.75 |
| Evaluation Basic | \$214.50 |
| Exercise Therapeutic 15 Min | \$107.25 |
| Functional Activity | \$107.25 |
| Manual Therapy 15 Min | \$123.25 |
| Nueromuscular Re-Ed 15 Min | \$107.25 |

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 |
|------------------------|----------|
| CPAP/BIPAP Initial Day | \$509.00 |
| IPPB Treatment | \$77.75 |
| Medication Nebulizer | \$77.75 |
| Oxygen per 12 hours | \$135.50 |
| Ventilator First Day | \$708.25 |

X-Ray and Radiological Charges

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

| | Charges |
|---|------------|
| Abdomen CT with Contrast | \$2,140.25 |
| Abdomen CT without Contrast | \$2,140.25 |
| Abdomen X-ray 1 View | \$250.75 |
| Abdomen Ultrasound Limited | \$678.00 |
| Ankle X-ray Complete 3+ Views | \$383.25 |
| Bone Density Study Axial Skeleton | \$531.25 |
| Brain CT without Contrast | \$2,140.25 |
| Brain MRI with and without Contrast | \$3,001.00 |
| Breast Ultrasound | \$361.25 |
| Chest CT with Contrast | \$2,140.25 |
| Chest X-ray 1 View | \$250.75 |
| Chest X-ray 2 Views | \$315.50 |
| C-Spine CT without Contrast | \$2,140.25 |
| Fluoroscopy Less Than 1 Hour | \$162.25 |
| Foot X-ray Complete 3+ Views | \$383.25 |
| Hand X-ray Complete 3+ Views | \$383.25 |
| Hip X-ray Complete 2+ Views | \$315.50 |
| IMRT Treatment Delivery | \$1,477.50 |
| Knee X-ray 1 or 2 Views | \$315.50 |
| Mammogram Screening Bilateral | \$81.50 |
| Pelvis CT with Contrast | \$2,140.25 |
| Pelvis CT without Contrast | \$2,140.25 |
| Pelvis X-ray 1 or 2 Views | \$250.75 |
| Radiation Treatment Delivery, 6-10 MeV | \$769.75 |
| Shoulder X-ray Complete 2+ Views | \$315.50 |
| Spine, Lumbar X-ray 2 or 3 Views | \$564.75 |
| Stereoscopic Imaging Guidance | \$317.25 |
| Transvaginal Ultrasound | \$678.00 |
| X-ray Algo for Lesion Detection Mammogram | \$23.00 |
| X-ray Algo for Lesion Detection Screening | \$23.00 |

Laboratory Charges

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

| | Charges |
|-------------------------------|----------|
| ABG Arterial | \$168.75 |
| Albumin | \$24.75 |
| Alkaline Phosphatase | \$31.50 |
| Basic Metabolic Panel | \$124.50 |
| Bilirubin | \$31.50 |
| Blood Typing ABO | \$50.00 |
| BUN | \$24.75 |
| CBC with Differential | \$28.00 |
| CBC without Differential | \$24.00 |
| Comprehensive Metabolic Panel | \$195.50 |
| CPK | \$31.75 |
| Creatinine | \$24.75 |
| Culture Urine, Colony Count | \$116.50 |
| Drug Screen, Amphetamines | \$35.50 |
| Electrolyte Panel | \$83.50 |
| Glucose whole blood | \$31.50 |
| Hemoglobin whole blood | \$25.25 |
| Lipid Panel | \$46.00 |
| Magnesium | \$50.25 |
| Pap Smear, Automated | \$128.00 |
| Phosphorus | \$31.50 |
| Potassium whole blood | \$31.50 |
| Protein Total | \$47.25 |
| PT | \$21.75 |
| PTT | \$43.50 |
| SGOT | \$31.50 |
| SGPT | \$31.50 |
| Troponin T | \$91.50 |
| TSH | \$61.00 |
| Urinalysis | \$12.00 |

PATIENT BILLING INFORMATION

Thank you for choosing Riverside Methodist Hospital for your healthcare needs. The following is a summary of our billing practices.

Costs and billing

When coming to OhioHealth for service, please bring your health insurance card, a photo ID, and a form of payment, if possible. If you receive Inpatient, Outpatient, or Emergency Department services from OhioHealth, we will request a copay or deposit at the time of service, just as you would make a copay for a doctor's appointment. Your health insurer can tell you the amount of copay or out of pocket expense due under your plan.

You will get a copy of your hospital bill a few weeks after your hospital stay. You also may get other bills from your doctor(s), including your family doctor or specialists.

Costs of healthcare services are available from Registration (first floor), Patient Financial Services (first floor, off the main lobby) or the **Riverside Cost Information Line (614) 566-5059**.

We know that for us to correctly manage your hospital bill is important. If you have any questions about charges, please call Patient Accounts at (614) 566-5594 or toll-free at 1-800-837-2455.

If your insurance plan does not pay the bill within 90 days, or your claim is denied, you will receive a statement from Riverside indicating the bill is now your responsibility. All bills sent to you are due upon receipt.

Riverside Methodist Hospital does not charge interest on any amount not paid in full during the normal course of collection.

Online Payment, Registration, & Scheduling

For the convenience of our patients, a number of online services are available at www.ohiohealth.com. OhioHealth offers secure online payment for OhioHealth hospital and Neighborhood Care Center bills. With a private payment account, users may access tools to make the payment process easier and more manageable.

OhioHealth also offers pre-registration and appointment requests through a secure online form at www.ohiohealth.com. Patients may pre-register for surgeries, admissions, outpatient procedures and tests at least three business days in advance. Patients may also pre-register for maternity services up to three months prior to their expected delivery date.

Financial assistance

We are pleased to offer financial assistance to patients with limited resources and inadequate medical insurance coverage. Eligibility is determined by total family income/assets. The patient must agree to apply for other assistance available to pay hospital charges (Medicaid, Medicare, private insurance) before being discharged.

For more information or to speak with a financial counselor, please call Patient Financial Services at (614) 566-5059.

Riverside Methodist Hospital's charity care policy

Riverside Methodist Hospital is part of the OhioHealth family of not-for-profit, faith-based healthcare facilities. Riverside and OhioHealth tailor our policies to address the needs of each community it serves and provide one of the most compassionate charity care policies to individuals and families who cannot pay for healthcare services they receive at our facilities.

Riverside Methodist Hospital's charity care policy includes:

- Substantial charity care guidelines that provide free care for individuals and families who earn less than 200 percent of the federal poverty level
- Sliding scale fees to provide substantially discounted care for individuals and families who are between 200 and 400 percent of the federal poverty level
- Hardship policy for those patients who would not otherwise qualify for charity care but have unique circumstances

In many cases, Riverside offers interest free loans for up to one year to assist patients.

In addition, Riverside Methodist Hospital has an uninsured discount policy for individuals without insurance who do not qualify for charity care.