



Patient Price Information List

In compliance with state law, OhioHealth is providing this price list for Riverside Methodist Hospital, Grant Medical Center, Doctors Hospital, Grove City Methodist Hospital and Dublin Methodist Hospital that contains 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 July 1, 2018.

Room and Board -- Per Day Charges

| | Charges |
|---------------|--|
| Med/Surg | \$2,185 |
| Intermediate | \$4,751 |
| Critical Care | \$7,385 |
| Nursery | \$2,185 |
| Mental Health | \$2,334 *For Riverside Methodist Hospital Only |

Labor and Delivery Charges

The following list does not include charges for anesthesia, drugs, or supplies or charges outside the delivery room (ie, room & board) 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 | \$5,536 |
| Cesarean Section Delivery | \$5,906 |

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 | \$510 |
| Level 2 | \$836 |
| Level 3 | \$1,324 |
| Level 4 | \$2,188 |
| Level 5 | \$3,137 |
| Critical Care first 30 to 74 Minutes | \$4,415 |
| Critical Care additional 30 Minutes | \$541 |
| Trauma Activation Fee Category I | \$11,062 |
| Trauma Activation Fee Category II | \$8,850 |

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 | Addl 15 Minutes |
|---------|--------------------|-----------------|
| Level 2 | \$5,643 | \$1,786 |
| Level 3 | \$8,028 | \$2,815 |
| Level 4 | \$9,305 | \$3,774 |
| Level 5 | \$10,558 | \$4,585 |
| Level 6 | \$12,045 | \$5,415 |

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.

| | CPT | Charges |
|-----------------------------|-------|---------|
| Electrical Stim 15 Min | 97032 | \$171 |
| Evaluation - Low Complexity | 97161 | \$359 |
| Exercise Therapeutic 15 Min | 97110 | \$162 |
| Functional Activity 15 Min | 97530 | \$159 |
| Gait Training 15 Min | 97116 | \$158 |
| Manual Therapy 15 Min | 97140 | \$166 |
| Neuromuscular Re-Ed 15 Min | 97112 | \$139 |
| Traction | 97012 | \$89 |
| Ultrasound 15 Min | 97035 | \$90 |

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.

| | CPT | Charges |
|-----------------------------|-------|---------|
| Evaluation - Low Complexity | 97165 | \$337 |
| Exercise Therapeutic 15 Min | 97110 | \$162 |
| Functional Activity 15 Min | 97530 | \$159 |
| Manual Therapy 15 Min | 97140 | \$166 |
| Neuromuscular Re-Ed 15 Min | 97112 | \$139 |
| Self Care/Home Mgt 15 Min | 97535 | \$147 |

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.

| | CPT | Charges |
|----------------------|-------|---------|
| CPAP/BIPAP Per Day | 94660 | \$676 |
| Medication Nebulizer | 94640 | \$155 |
| Oxygen Per Day | | \$71 |
| Ventilator First Day | 94002 | \$1,906 |
| MDI | 94640 | \$155 |

X-Ray and Radiological Charges

The following charges reflect the hospital's 30 most common x-ray and radiological procedures. For all exams requiring contrast, the contrast will be charged separately.

| | CPT | Charges |
|--------------------------------------|-------|---------|
| Abdomen & Pelvis CT without Contrast | 74176 | \$1,963 |
| Abdomen & Pelvis CT with Contrast | 74177 | \$1,963 |
| Abdomen Ultrasound Limited | 76705 | \$630 |
| Abdomen X-Ray 1 View | 74018 | \$369 |
| Ankle X-Ray Complete 3+ Views | 73610 | \$446 |
| Bone Density DEXA Scan Axial | 77080 | \$1,219 |
| Brain CT without Contrast | 70450 | \$633 |
| Brain MRI with & without Contrast | 70553 | \$2,055 |
| Breast Ultrasound Limited | 76642 | \$789 |
| Cervical Spine CT without Contrast | 72125 | \$1,198 |
| Chest CT Angiography | 71275 | \$1,198 |
| Chest CT without Contrast | 71250 | \$1,372 |
| Chest CT with Contrast | 71260 | \$1,372 |

| | | |
|---|-------|---------|
| Chest X-Ray 1 View | 71045 | \$436 |
| Chest X-Ray 2 Views | 71046 | \$436 |
| Digital Diagnostic Mammogram Bilateral with CAD | 77066 | \$1,359 |
| Digital Diagnostic Mammogram Unilateral with CAD | 77065 | \$1,359 |
| Digital Screening Mammogram with CAD | 77067 | \$250 |
| Foot X-Ray Complete 3+ Views | 73630 | \$573 |
| Hand X-Ray Complete 3+ Views | 73130 | \$509 |
| Hip X-Ray with Pelvis Unilateral 2-3 Views | 73502 | \$783 |
| Knee X-Ray 1 or 2 Views | 73560 | \$406 |
| Lumbar Spine X-Ray 2 or 3 Views | 72100 | \$686 |
| Myocardial Perfusion Imaging with SPECT, Multiple Studies | 78452 | \$4,671 |
| Neck CT Angiography | 70498 | \$1,897 |
| Pelvis Ultrasound Non-Obstetrical | 76856 | \$866 |
| Pelvis X-Ray 1 or 2 Views | 72170 | \$464 |
| Shoulder X-Ray Complete 2+ Views | 73030 | \$599 |
| Transvaginal Ultrasound GYN | 76830 | \$931 |
| Wrist X-Ray Complete 3+ Views | 73110 | \$598 |

Laboratory Charges

The following charges reflect the hospital's 30 most common laboratory procedures. For all lab specimens collected via blood draw, the venipuncture will be charged separately.

| | CPT | Charges |
|----------------------------------|-------|---------|
| Antibody Screen Red Blood Cell | 86850 | \$28 |
| APTT | 85730 | \$44 |
| Basic Metabolic Panel | 80048 | \$43 |
| Bilirubin Direct | 82248 | \$47 |
| Blood Typing ABO | 86900 | \$21 |
| Blood Typing RH(D) | 86901 | \$10 |
| BUN | 84520 | \$8 |
| Calcium Ionized | 82330 | \$51 |
| CBC with Differential | 85025 | \$28 |
| CBC without Differential | 85027 | \$24 |
| Comprehensive Metabolic Panel | 80053 | \$50 |
| Creatinine | 82565 | \$8 |
| Culture Blood, Aerobic | 87040 | \$204 |
| Culture Typing, DNA | 87150 | \$39 |
| Culture Urine, Aerobic | 87086 | \$176 |
| Glucose | 82947 | \$8 |
| Hemoglobin | 85018 | \$8 |
| Hemoglobin A1C | 83036 | \$69 |
| Lactic Acid (Lactate) | 83605 | \$54 |
| Lipase | 83690 | \$49 |
| Lipid Panel | 80061 | \$43 |
| Magnesium | 83735 | \$42 |
| Pap Smear, Automated | 88175 | \$87 |
| Phosphorus | 84100 | \$42 |
| Potassium: Plasma or Whole Blood | 84132 | \$8 |
| PT/INR | 85610 | \$28 |
| Troponin Quantitative | 84484 | \$64 |
| TSH | 84443 | \$56 |
| Urinalysis | 81001 | \$12 |
| Vitamin D | 82306 | \$108 |

BILLING PROCESS AND INFORMATION

How You Can Help

Thank you for choosing OhioHealth for your healthcare needs. At OhioHealth, we are committed to making the billing process as patient-friendly as possible. Here are some ways you can help the billing process go smoothly.

- **Please give us complete health insurance information.**
In addition to your health insurance card, we may ask for a photo ID. If you have been seen at OhioHealth before, let us know if your personal information or insurance information has changed since your last visit.
- **Please understand and follow the requirements of your health plan.**
Be sure to know your benefits, obtain proper authorization for services and submit referral claim forms if necessary. Many insurance plans require patients to pay a co-payment or deductible amount. You are responsible for paying co-payments required by your insurance provider and OhioHealth is responsible for collecting co-payments. Please come to your appointment prepared to make your co-payment.
- **Please respond promptly to any requests from your insurance provider.**
You may receive multiple bills for your hospital visit, including your family doctor, specialists, physicians to read x-rays, give anesthesia, or do blood work. Insurance benefits are the result of your contract with your insurance company. We are a third-party to those benefits and may need your help with your insurance. If your insurance plan does not pay the bill within 90 days after billing, or your claim is denied, you will receive a statement from OhioHealth indicating the bill is now your responsibility. All bills sent to you are due upon receipt. OhioHealth does not charge interest on any amount not paid in full during the normal course of collection.

Questions about Price and Billing Information

Our goal is for each of our patients and their families to have the best healthcare experience possible. Part of our commitment is to provide you with information that helps you make well-informed decisions about your own care.

To ask questions or get more **information about a bill for services** you've received, please contact our Customer Call Center at (614) 566-5594 or (800) 837-2455 or send an email to customercenter@ohiohealth.com.

If you need more **information about the price of a future service**, please contact our Price Hotline at (614) 566-8707. A CPT code is strongly encouraged when you call. You can obtain the CPT code from the ordering physician.

You also can get more information about our services, high quality of care, convenient locations and prices at www.OhioHealth.com.

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.

OhioHealth's Charity Care Policy

OhioHealth is a family of not-for-profit, faith-based hospitals and healthcare organizations. In Columbus, we have a unique healthcare system where all of the not-for-profit hospitals provide high quality care to everyone, regardless of their ability to pay. This system allows OhioHealth to provide one of the most compassionate charity care policies to individuals and families who cannot pay for medically necessary healthcare services they receive at our facilities.

OhioHealth'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, OhioHealth offers interest free loans for up to one year to assist patients. In addition, OhioHealth has an uninsured discount policy for individuals without insurance who do not qualify for charity care.

For more information, please contact our Customer Call Center at (614) 566-5594 or (800) 837-2455.