



## Patient Price Information List

In compliance with state law, OhioHealth is providing this price list for Riverside Methodist Hospital, Grant Medical Center, Doctors 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, 2017.

### Room and Board -- Per Day Charges

	Charges	
Med/Surg	\$2,109	
Intermediate	\$4,586	
Critical Care	\$7,128	
Nursery	\$2,109	
Mental Health	\$2,253	*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	\$5,327
Cesarean Section Delivery	\$5,685

### 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	\$494
Level 2	\$810
Level 3	\$1,283
Level 4	\$2,120
Level 5	\$3,040
Critical Care first 30 to 74 Minutes	\$4,278
Critical Care additional 30 Minutes	\$524
Trauma Activation Fee Category I	\$10,719
Trauma Activation Fee Category II	\$8,576

### 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	\$5,410	\$1,712
Level 3	\$7,697	\$2,699
Level 4	\$8,921	\$3,618
Level 5	\$10,123	\$4,396
Level 6	\$11,548	\$5,192

## 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	\$166
Evaluation - Low Complexity	97161	\$348
Exercise Therapeutic 15 Min	97110	\$157
Functional Activity 15 Min	97530	\$154
Gait Training 15 Min	97116	\$153
Manual Therapy 15 Min	97140	\$161
Neuromuscular Re-Ed 15 Min	97112	\$135
Traction	97012	\$86
Ultrasound 15 Min	97035	\$87

## 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
Cognitive Training 15 Min	97532	\$108
Evaluation - Low Complexity	97165	\$327
Exercise Therapeutic 15 Min	97110	\$157
Functional Activity 15 Min	97530	\$154
Manual Therapy 15 Min	97140	\$161
Neuromuscular Re-Ed 15 Min	97112	\$135
Self Care/Home Mgt 15 Min	97535	\$142

## 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	\$655
Medication Nebulizer	94640	\$150
Oxygen Per Day		\$69
Ventilator First Day	94002	\$1,847
MDI	94640	\$150

## 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	\$1,902
Abdomen & Pelvis CT with Contrast	74177	\$1,902
Abdomen Ultrasound Limited	76705	\$610
Abdomen X-Ray 1 View	74000	\$358
Ankle X-Ray Complete 3+ Views	73610	\$432
Bone Density DEXA Scan Axial	77080	\$1,181
Brain CT without Contrast	70450	\$613
Brain MRI with & without Contrast	70553	\$1,991
Breast Ultrasound Limited	76642	\$765
Cervical Spine CT without Contrast	72125	\$1,161
Chest CT Angiography	71275	\$1,161
Chest CT without Contrast	71250	\$1,329
Chest CT with Contrast	71260	\$1,329

Chest X-Ray 1 View	71010	\$422
Chest X-Ray 2 Views	71020	\$422
Digital Diagnostic Mammogram Bilateral with CAD	G0204	\$1,317
Digital Diagnostic Mammogram Unilateral with CAD	G0206	\$1,317
Digital Screening Mammogram with CAD	G0202	\$250
Foot X-Ray Complete 3+ Views	73630	\$555
Hand X-Ray Complete 3+ Views	73130	\$493
Hip X-Ray with Pelvis Unilateral 2-3 Views	73502	\$759
Knee X-Ray 1 or 2 Views	73560	\$393
Lumbar Spine X-Ray 2 or 3 Views	72100	\$665
Myocardial Perfusion Imaging with SPECT, Multiple Studies	78452	\$4,526
Neck CT Angiography	70498	\$1,838
Pelvis Ultrasound Non-Obstetrical	76856	\$839
Pelvis X-Ray 1 or 2 Views	72170	\$450
Shoulder X-Ray Complete 2+ Views	73030	\$580
Transvaginal Ultrasound GYN	76830	\$902
Wrist X-Ray Complete 3+ Views	73110	\$579

### 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	\$43
Arterial Blood Gas	82803	\$72
Basic Metabolic Panel	80048	\$43
Blood Typing ABO	86900	\$21
Blood Typing RH(D)	86901	\$10
BUN	84520	\$8
Calcium Ionized	82330	\$49
CBC with Differential	85025	\$28
CBC without Differential	85027	\$24
Comprehensive Metabolic Panel	80053	\$50
Creatinine	82565	\$8
Culture Blood, Aerobic	87040	\$198
Culture Typing, DNA	87150	\$38
Culture Urine, Aerobic	87086	\$171
Glucose	82947	\$8
Hemoglobin	85018	\$8
Hemoglobin A1C	83036	\$67
Lactic Acid (Lactate)	83605	\$52
Lipase	83690	\$47
Lipid Panel	80061	\$43
Magnesium	83735	\$41
Pap Smear, Automated	88175	\$84
Phosphorus	84100	\$41
Potassium: Plasma or Whole Blood	84132	\$8
PT/INR	85610	\$27

## BILLING PROCESS AND INFORMATION

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### 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](mailto: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](http://www.OhioHealth.com).

## **Online Payment, Registration, & Scheduling**

For the convenience of our patients, a number of online services are available at [www.ohiohealth.com](http://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](http://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.