



Mansfield Hospital

Patient Price Information List

In compliance with state law, OhioHealth is providing this price list for Mansfield 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 January 1, 2017.

Room and Board -- Per Day Charges

	Charges
Routine care (Med/Surg; OB)	\$916
Med/Surg with Cardiac Monitoring	\$1,455
Coronary care - CVICU	\$3,422
Intensive care - ICU	\$2,540
CV/ICU Stepdown	\$1,455
Nursery	\$727
Nursery - Level 2 (Intensive Services)	\$1,230
Oncology	\$916
Psychiatric care	\$1,464
Rehab	\$1,213
Hospice Inpatient (Med/Surg)	\$916
Palliative Care	\$751
Hospice Respite Care	\$290

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. The delivery price represent an average charge.

	Charges
Normal Delivery (Mom)	\$9,443
Normal Newborn (Baby)	\$3,104
Cesarean Section Delivery	\$14,216
Labor Room per minute	\$1.60
Fetal Monitoring - Fetal Non-stress Test	\$572
Amniocentesis	\$281

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 and the intensity of care 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	\$165
Level 2	\$236
Level 3	\$389
Level 4	\$717
Level 5	\$1,118
Critical care	\$1,656
Level 2 Trauma Center - Activation	\$6,079
Level 1 Trauma Center - Activation	\$7,101

Operating Room Charges

Operating Room charges are based on the complexity level, with Level I being the most basic. The following list does not include charges for anesthesia, drugs, or supplies required for a particular procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by the physician.

	Per Minute O.R. Charges	Initial 30 min	Addl 15 min
Level 1		\$767	\$383
Level 2		\$2,268	\$1,134
Level 3		\$2,524	\$1,262
Level 4		\$2,812	\$1,406
Level 5		\$3,099	\$1,550
Level 6		\$3,387	\$1,693

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. Most Charge Units are based upon 15 minutes.

	CPT	Charges
Initial Evaluation - Low Complexity	97161	\$227
Re-Evaluation	97164	\$119
Mechanical Traction	97012	\$52
Whirlpool	97022	\$89
Iontophoresis 15 Min	97033	\$97
Therapeutic Exercise 15 Min	97110	\$101
Neuromuscular Re-education 15 Min	97112	\$101
Gait Training 15 Min	97116	\$93
Manual Therapy 15 Min	97140	\$101
Group Therapy	97150	\$118
Functional Activity 15 Min	97530	\$101
Self Care Management Training 15 Min	97535	\$101
Wheelchair Management 15 Min	97542	\$101
Wound Care Small (Less than 20 sq cm)	97597	\$120
Physical Performance Test 15 min	97750	\$70
Othotic Fitting Training 15 Min	97760	\$78
Prosthetic Training 15 Min	97761	\$89
Shoulder Strapping	29240	\$91

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
Initial Evaluation - Low Complexity	97165	\$227
Re-Evaluation	97168	\$119
Thermal-Cryo Modality	97010	\$40
Paraffin Bath	97018	\$60
Whirlpool	97022	\$89
Contrast Bath 15 Min	97034	\$69
Ultrasound 15 Min	97035	\$75
Therapeutic Exercises 15 Min	97110	\$101
Neuromuscular Re-education 15 Min	97112	\$101

Therapeutic Massage 15 Min	97124	\$72
Manual Therapy 15 Min	97140	\$101
Group Therapy	97150	\$118
Therapeutic Activities One-on-One 15 Min	97530	\$101
Cognitive Integration 15 Min	97532	\$101
Sensory Integration 15 Min	97533	\$110
Self-Care Management Training 15 Min	97535	\$101
Community/ Work Reintegration Training 15 Min	97537	\$101
On the Road Training 15 Min	97537	\$29
Othotic Fitting Training 15 Min	97760	\$78
Leisure Assessment 15 Min	96150	\$137
Static Short Arm Splint Application	29125	\$178
Static Finger Splint Application	29130	\$128
Dynamic Finger Splint Application	29131	\$121

Cardiology and Pulmonary Therapy Charges

The following charges reflect the most common services offered by our Cardiology and Pulmonary Therapy departments. Patients may have additional charges, depending on the services performed.

	CPT	Charges
Arterial Puncture	36600	\$100
Blood Gas, Oxygen Saturation Only	82805	\$193
CPR	92950	\$776
Holter Monitor Recording	93225	\$448
Holter Monitor Scanning	93226	\$405
Cardiac Rehab Visit	93798	\$191
Ventilator - Initial Day	94002	\$645
Ventilator - Subsequent Day	94003	\$1,080
Pulmonary Stress Testing - 6 Min Walk Test	94620	\$174
Respiratory Medication Therapy - Initial	94640	\$91
CPAP - Daily	94660	\$335
Pulmonary Function Test - Includes 3 Test		\$870

X-Ray and Radiological Charges

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

	CPT	Charges
X-ray Chest 1 View	71010	\$217
X-ray Chest 2 Views	71020	\$293
X-ray Ribs Unilateral 2 Views	71100	\$320
X-ray Cervical Spine 4-5 Views	72050	\$481
X-ray Cervical Spine 6+ Views	72052	\$470
X-ray Thoracic Spine 2 views	72070	\$409
X-ray Lumbosacral 2-3 Views	72100	\$339
X-Ray Pelvis 1-2 Views	72170	\$165
X-ray Shoulder 1 View	73020	\$283
X-ray Shoulder Complete 2+ Views	73030	\$322
X-ray Elbow 3+ Views	73080	\$313
X-ray Forearm 2 Views	73090	\$278
X-ray Wrist Complete 3+ Views	73110	\$300
X-ray Hand 2 Views	73120	\$197
X-ray Knee 1-2 Views	73560	\$276
X-ray Tibia and Fibula 2 Views	73590	\$300
X-ray Ankle 2+ Views	73610	\$296
X-ray Foot 3+ Views	73630	\$308
X-ray Abdomen 1 View	74000	\$266
X-ray Abdomen Complete	74020	\$335
X-ray Acute Abdomen Series, Complete	74022	\$448
Barium Swallow - Esophagus	74220	\$508
Modified Barium Swallow	74230	\$465
X-ray Small Intestine	74249	\$1,149
Urography- Intravenous Pyelography	74400	\$721

X-Ray and Radiological Charges Continued

	CPT	Charges
Ultrasound Abdomen	76700	\$976
Ultrasound Retroperitoneal Complete	76770	\$856
Ultrasound Transvaginal	76830	\$649
Ultrasound Pelvis	76856	\$788
Ultrasound Extremity Nonvascular Complete	76881	\$425
Screening Digital Mammogram - Bilateral	G0202	\$517
Screening Digital Mammogram - Unilateral	G0202	\$304
Diagnostic Digital Mammogram - Bilateral	G0204	\$606
Diagnostic Digital Mammogram - Unilateral	G0206	\$482
MRI Orbits Face & Neck without Contrast	70540	\$2,200
MRI Orbits Face & Neck with & without Contrast	70542	\$1,884
MRA Head without Contrast	70544	\$1,934
MRA Neck with & without Contrast	70549	\$2,502
MRI Brain without Contrast	70551	\$2,648
MRI Brain with & without Contrast	70553	\$3,232
MRI Cervical Spinal Canal without Contrast	72141	\$3,193
MRI Thoracic Spine without Contrast	72146	\$2,600
MRI Lumbar Spine without Contrast	72148	\$3,057
MRI Cervical Spinal Canal with & without Contrast	72156	\$3,880
MRI Thoracic Spine with & without Contrast	72157	\$3,288
MRI Lumbar Spine with & without Contrast	72158	\$3,634
MRI Pelvis without Contrast	72195	\$2,678
MRI Pelvis with & without Contrast	72197	\$3,345
MRI Upper Extremity with & without Contrast	73220	\$2,877
MRI Lower Extremity without Contrast	73718	\$2,607
MRI Lower Extremity with & without Contrast	73720	\$3,022
MRI Abdomen with & without Contrast	74183	\$3,049
MRA Abdomen with & without Contrast	C8902	\$2,796
CT Brain without Contrast	70450	\$1,494
CT Brain with Contrast	70460	\$1,558
CT Brain with & without Contrast	70470	\$2,030
CT Orbit, Sella, Posterior Fossa or Ear with Contrast	70481	\$1,933
CT Facial Bones without Contrast	70486	\$1,350
CT Neck with Contrast	70491	\$2,009
CT Chest without Contrast	71250	\$1,461
CT Chest with Contrast	71260	\$1,817
CT Chest with & without Contrast	71270	\$1,855
CTA Chest (Non-coronary) with & without Contrast	71275	\$2,141
CT Cervical Spine without Contrast	72125	\$1,654
CT Lumbar Spine without Contrast	72131	\$1,757
CTA Pelvis with & without Contrast	72191	\$2,064
CT Pelvis without Contrast	72192	\$1,606
CT Pelvis with Contrast	72193	\$2,020
CT Abdomen without Contrast	74150	\$1,636
CT Abdomen with Contrast	74160	\$1,945
CT Abdomen with & without Contrast	74170	\$2,305
CTA Abdomen with & without Contrast	74175	\$1,904
CT Guidance for Needle Biopsy	77012	\$1,637
CT Guidance Placement Radiation Fields	77014	\$914
PET Imaging - Brain for Metabolic Evaluation	78608	\$4,728
PET Imaging - Skull Base to Mid Thigh	78812	\$3,883
PET Imaging - Whole Body	78813	\$4,195
PET Imaging with CT Scan - Skull Base to Mid Thigh	78815	\$5,548

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 (\$21).

	CPT	Charges
Chem 8 (Basic Metabolic)	80048	\$125
Comprehensive Metabolic Panel	80053	\$233
Lipid Profile	80061	\$166
Renal Function Panel	80069	\$119
Hepatic Function Panel	80076	\$138
Urinalysis without Microscopic	81003	\$35
Amylase Serum	82150	\$91
Creatinine Serum	82565	\$42
Glucose	82947	\$40
Hemoglobin A1C	83036	\$109
Magnesium Serum	83735	\$58
Myoglobin	83874	\$181
Phosphorus Serum	84100	\$50
Potassium Serum	84132	\$32
Thyroxine T4 Free	84439	\$140
Thyroid Stimulation Hormone	84443	\$158
Troponin-I	84484	\$109
Pregnancy Test Serum	84703	\$75
Pregnancy Test Urine	84703	\$75
Hematocrit	85014	\$32
Hemoglobin	85018	\$32
CBC (with Differential)	85025	\$95
CBC (No Differential)	85027	\$52
Hemogram	85027	\$76
Prothrombin Time	85610	\$39
Partial Thromboplastin Time	85730	\$61
Blood Culture	87040	\$130
Urine Culture	87086	\$93
Sensitivity	87186	\$78

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 (419) 526-8428 or (800) 247-4243 Ext. #8428.

If you need more **information about the price of a future service**, please call (419) 520-2764. 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 Mansfield, Shelby hospital and MedCentral Professional Foundation 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 (419) 526-8428 or (800) 247-4243 Ext #8428.