



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, 2018.

Room and Board -- Per Day Charges

	Charges
Routine care (Med/Surg; OB)	\$1,235
Med/Surg with Cardiac Monitoring	\$1,576
Coronary care - CVICU	\$2,512
Intensive care - ICU	\$2,512
CV/ICU Stepdown	\$1,576
Nursery	\$1,235
Nursery - Level 2 (Intensive Services)	\$2,129
Oncology	\$1,235
Psychiatric care	\$1,405
Rehab	\$1,320
Hospice Inpatient (Med/Surg)	\$1,235
Palliative Care	\$817
Hospice Respite Care	\$316

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)	\$8,045
Normal Newborn (Baby)	\$3,516
Cesarean Section Delivery	\$13,348
Labor Room per minute	\$1.75
Fetal Monitoring - Fetal Non-stress Test	\$622
Amniocentesis	\$306

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	\$248
Level 2	\$354
Level 3	\$655
Level 4	\$976
Level 5	\$1,289
Critical Care First 30-74 Min	\$2,415
Critical Care Each Addl 30 Min	\$389
Level 2 Trauma Center - Activation	\$6,614
Level 1 Trauma Center - Activation	\$7,726

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		\$834	\$417
Level 2		\$2,468	\$1,234
Level 3		\$2,746	\$1,373
Level 4		\$3,059	\$1,530
Level 5		\$3,372	\$1,686
Level 6		\$3,685	\$1,842

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	\$247
Re-Evaluation	97164	\$129
Mechanical Traction	97012	\$57
Whirlpool	97022	\$97
Iontophoresis 15 Min	97033	\$106
Therapeutic Exercise 15 Min	97110	\$110
Neuromuscular Re-education 15 Min	97112	\$110
Gait Training 15 Min	97116	\$101
Manual Therapy 15 Min	97140	\$110
Group Therapy	97150	\$128
Functional Activity 15 Min	97530	\$110
Self Care Management Training 15 Min	97535	\$110
Wheelchair Management 15 Min	97542	\$110
Wound Care Small (Less than 20 sq cm)	97597	\$131
Physical Performance Test 15 min	97750	\$76
Othotic Fitting Training 15 Min	97760	\$85
Prosthetic Training 15 Min	97761	\$97

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	\$296
Re-Evaluation	97168	\$129
Thermal-Cryo Modality	97010	\$44
Paraffin Bath	97018	\$65
Whirlpool	97022	\$97
Contrast Bath 15 Min	97034	\$75
Ultrasound 15 Min	97035	\$82
Therapeutic Exercises 15 Min	97110	\$110
Neuromuscular Re-education 15 Min	97112	\$110
Therapeutic Massage 15 Min	97124	\$78
Manual Therapy 15 Min	97140	\$110
Group Therapy	97150	\$128
Therapeutic Activities One-on-One 15 Min	97530	\$110
Cognitive Integration 15 Min	G0515	\$114
Sensory Integration 15 Min	97533	\$120
Self-Care Management Training 15 Min	97535	\$110
Community/ Work Reintegration Training 15 Min	97537	\$110
On the Road Training 15 Min	97537	\$32
Othotic Fitting Training 15 Min	97760	\$85
Leisure Assessment 15 Min	96150	\$149

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	\$109
Blood Gas, Oxygen Saturation Only	82805	\$243
Holter Monitor Recording	93225	\$421
Holter Monitor Scanning	93226	\$441
Cardiac Rehab Visit	93798	\$208
Ventilator - Initial Day	94002	\$1,175
Ventilator - Subsequent Day	94003	\$1,175
Pulmonary Stress Testing - 6 Min Walk Test	94618	\$189
Respiratory Medication Therapy - Initial	94640	\$99
CPAP or BPAP - Daily	94660	\$364
Pulmonary Function Test - Includes 3 Test		\$946

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	\$2,918
Abdomen & Pelvis CT with Contrast	74177	\$2,918
Abdomen Ultrasound Limited	76705	\$845
Abdomen X-Ray 1 View	74018	\$250
Ankle X-Ray 2+ Views	73610	\$301
Bone Density Scan (DEXA) Axial Skeleton	77080	\$821
Brain CT without Contrast	70450	\$941
Brain MRI with & without Contrast	70553	\$3,055
Breast Ultrasound Limited Unilateral	76642	\$379
Cervical Spine CT without Contrast	72125	\$1,782
Chest CT Angiogram (Non-coronary)	71275	\$1,782
Chest CT without Contrast	71250	\$2,041
Chest CT with Contrast	71260	\$2,041
Chest X-Ray 1 View	71045	\$293
Chest X-Ray 2 Views	71046	\$293
Digital Diagnostic Mammogram Unilateral with CAD	77065	\$524
Digital Screening Mammogram Bilateral with CAD	77067	\$357
Foot X-Ray Complete 3+ Views	73630	\$385
Hand X-Ray Complete 3+ Views	73130	\$343
Hip X-Ray with Pelvis Unilateral 2-3 Views	73502	\$527
Knee X-Ray 1 or 2 Views	73560	\$273
Knee X-Ray 3 Views	73562	\$473
Lumbar Spine MRI without Contrast	72148	\$2,715
Lumbosacral X-Ray 2 or 3 Views	72100	\$463
Pelvis X-Ray 1 or 2 Views	72170	\$314
Retroperitoneal Complete Ultrasound	76770	\$931
Shoulder X-Ray Complete 2+ Views	73030	\$403
Soft Tissue Head & Neck Ultrasound	76536	\$653
Tibia and Fibula X-Ray 2 Views	73590	\$267
Wrist X-Ray Complete 3+ Views	73110	\$401

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
Bacterial Culture	87070	\$234
Blood Culture	87040	\$192
Blood Gas with Oxygen Saturation	82805	\$243
CBC without Differential	85027	\$41
CBC with Differential	85025	\$50
Basic Metabolic Panel	80048	\$70
Comprehensive Metabolic Panel	80053	\$111
Creatinine	82565	\$19
Glucose	82947	\$19
Hematocrit	85014	\$16
Hemoglobin	85018	\$16
Hemoglobin A1C	83036	\$137
Hepatic Function Panel	80076	\$60
Influenza A & B Rapid Molecular	87502	\$323
Lactic Acid (Lactate)	83605	\$135
Lipase	83690	\$107
Lipid Profile	80061	\$84
Magnesium	83735	\$73
Myoglobin	83874	\$228
Natriuretic Peptide	83880	\$262
Partial Thromboplastin Time	85730	\$77
Pregnancy Test Serum or Urine	84703	\$42
PT/INR	85610	\$49
Sed Rate Automated	85652	\$79
Sensitivity	87186	\$125
Thyroid Stimulation Hormone (TSH)	84443	\$90
Thyroxine T4 Free	84439	\$67
Troponin Quantitative	84484	\$137
Urinalysis without Microscopic	81003	\$49
Urine Culture	87086	\$117

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 877-438-3405.

If you need more **information about the price of a future service**, please call 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 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. 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 877-438-3405.