



Patient Price Information List

In compliance with state law, OhioHealth is providing this price list for O'Bleness Memorial 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	\$1,643
Intensive Care	\$3,882
Birth Center	\$1,643
Nursery	\$1,643

Labor and Delivery Charges

The following list does not include charges for 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.

	First Hour	Addl 15 Minutes
Normal Delivery	\$2,041	\$914
Cesarean Section Delivery	\$2,946	\$523
Anesthesia	\$1,601	\$351

Emergency Department Charges

Emergency Department charges are based on the level of emergency care provided to our patients. The levels 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	\$194
Level 2	\$315
Level 3	\$541
Level 4	\$834
Level 5	\$1,135
Critical Care first 30 to 74 Minutes	\$1,558
Critical Care additional 30 Minutes	\$744

Operating Room Charges

Operating Room charges are based on the level of complexity. There is an initial 30 min charge as well as an additional charge for each 15 minutes while the operation is being performed. The following charges do not include fees for drugs, supplies or additional ancillary services.

	Initial Charge	Addl 15 Min
Level 1	\$1,265	\$339
Level 2	\$2,209	\$699
Level 3	\$3,144	\$1,102
Level 4	\$3,643	\$1,478
Level 5	\$3,713	\$1,795

Anesthesia up to 1 hour	\$1,601	\$351
Recovery up to 30 minutes	\$569	\$195
Bronchoscopy	\$1,214	
Bronchoscopy with biopsy	\$1,298	
Colonoscopy	\$1,274	
Colonoscopy with biopsy	\$1,416	
EGD	\$906	
EGD with biopsy	\$947	
Outpatient Holding Area 0-6 hours	\$559	
Outpatient Holding Area 6-12 hours	\$720	
Outpatient Holding Area 12-23 hours	\$1,046	

Physical-Occupational-Speech Therapy Charges

The following charges reflect the most common services offered by our Physical, Occupational and Speech Therapy department. Patients may have additional charges, depending on the services performed.

	CPT	Charges
Therapeutic Exercise 15 Minutes	97110	\$144
Manual Therapy 15 Minutes	97140	\$139
Therapeutic Activities (Functional Performance) 15 minutes	97530	\$139
Neuromuscular Re-education 15 Minutes	97112	
Neuromusc re-ed, each 15 min OT		\$72
Neuromuscular re-ed each 15 min PT		\$72
Neuromuscular reeducation, each 15 min PT		\$139
Physical Therapy Evaluation	97161	\$337
Gait Training 15 minutes	97116	\$101
Ultrasound 15 Minutes	97035	\$178
Speech therapy	92507	\$293
Swallowing Evaluation	92610	\$361
Speech Sound Language Comprehension	92523	\$490
Swallowing Treatments	92526	\$232
Occupational Therapy Evaluation	97165	\$240
Sensory Integration 15 Minutes	97533	\$78

Cardiac Rehab Charges

The following charges reflect the most common services offered by our Cardiac and Pulmonary Rehab department. Patients may have additional charges, depending on the services performed.

	CPT	Charges
Cardiac Rehab with continuous ECG monitoring	93798	\$229
Cardiac Rehab without continuous ECG monitoring	93797	\$222
Office/Outpatient Visit	99214	\$242

Pulmonary Service Charges

The following charges reflect the most common services offered by our Vascular Lab department. Patients may have additional charges, depending on the services performed.

	CPT	Charges
MDI	94640	\$94
Nebulizer Treatment	94640	\$94
Pulmonary Rehab	G0424	\$229

TTE W/Doppler Complete	93306	\$1,386
Ventilator First Day	94002	\$1,927
Oxygen Continuous		\$407

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 with contrast	74177	\$3,720
Abdomen & Pelvis CT without contrast	74176	\$3,217
Abdomen Ultrasound Limited	76705	\$582
Abdomen X-ray Complete	74020	\$411
Abdomen X-ray Single AP	74000	\$319
Ankle X-ray Complete 3+ views	73610	\$319
Breast Ultrasound Limited	76642	\$230
Komen Ultrasound Breast Limited, Unilateral		\$52
Cervical CT without contrast	72125	\$2,215
Cervical Spine X-ray 4-5 Views	72050	\$549
Chest CT Angiography	71275	\$2,944
Chest CT with contrast	71260	\$2,581
Chest CT without contrast	71250	\$2,215
Chest X-ray 1 View	71010	\$332
Chest X-ray frontal/lateral 2 Views	71020	\$344
Dexa Bone Density Axial	77080	\$492
Elbow X-ray Complete 3+ Views	73080	\$338
Foot X-ray Complete 3 Views	73630	\$319
Hand X-ray Complete 3 Views	73130	\$319
Head CT without contrast	70450	\$1,730
Hip X-ray Unilateral 2-3 Views	73502	\$133
Knee X-ray 3 Views	73562	\$344
Knee X-ray complete 4+ Views	73564	\$383
Lumbar Spine X-ray 2-3 Views	72100	\$404
Lumbar Spine X-ray 4+ Views	72110	\$555
Mammogram Screening Bilateral with CAD	G0202	\$209
Komen Mammo Bilateral Screening with CAD		\$100
Myocardial Perfusion Imaging with SPECT, Multiple Studies	78452	\$4,318
Shoulder X-ray Complete	73030	\$340
Thyroid Ultrasound	76536	\$572
Tibia-Fibula X-ray 2 Views	73590	\$310
Wrist X-ray Complete 3+ Views	73110	\$319

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
APTT	85730	\$99
Bacterial Identification	87077	\$74
Basic Metabolic Panel	80048	\$165
Bilirubin Direct	82248	\$57
CBC with differential	85025	\$54
CBC without differential	85027	\$49
Chlamydia Trachomatis, Amplified Probe	87491	\$73
Comprehensive Metabolic Panel (CMP)	80053	\$204

Culture, Bacterial Blood	87040	\$126
Culture, Bacterial Urine/ Colony Count	87086	\$54
Drug Test for Alcohols	80320	\$94
Drug Test for Analgesic Non-Opoid, 1-2	80329	
Aspirin		\$157
Tylenol		\$170
Drug Test for Opiates	80361	\$197
Drug Test Presumptive, Chem Analyzer	80307	\$38
Ferritin	82728	\$126
Glucose Blood Test	82962	\$33
HCG Serum Qualitative	84703	\$84
Hemoglobin A1C	83036	\$84
Lactic Acid	83605	\$140
Lipase	83690	\$78
Lipid Panel	80061	\$119
Magnesium	83735	\$128
PT/INR	85610	\$72
Sensitivity Microdilution	87186	\$80
T4 Free	84439	\$94
Troponin I	84484	\$136
TSH	84443	\$85
Urinalysis Automated	81001	\$57
Urine Creatinine	82570	\$54
Vitamin D Total 25-OH	82306	\$351

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 1-877-889-4109 or (740) 593-5551.

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

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.

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. 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 1-877-889-4109 or (740) 593-5551.