



Patient Price Information List

In compliance with state law, Hillcrest Hospital is providing this price list containing 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, 2023.

Room and Board – Per Day Charges

Coronary care	\$ 3,020	Skilled Nursing	\$ N/A
Intensive care	\$ 5,328	Rehabilitation	\$ N/A
Medical/Surgical	\$ 1,858	Obstetrics/Labor and Delivery	\$ 1,951
Step Down	\$ 2,194	Nursery	\$ 1,544
Psychiatry	\$ N/A	Neonatal	\$ 4,025

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.

Vaginal Delivery Single	\$ 3,238	Cesarean Section Delivery Single	\$ 5,177
Vaginal Delivery Twins	\$ 3,668	Cesarean Section Delivery Twins	\$ 6,842
Vaginal Delivery Triplets	\$ 4,315	Cesarean Section Delivery Triplets	\$ 7,491

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.

Level 1	\$ 359	Critical care, Initial	\$ 3,574
Level 2	\$ 652	Critical care, Additional	\$ 1,641
Level 3	\$ 1,256		
Level 4	\$ 2,038		
Level 5	\$ 2,728		

Operating Room Charges

Operating Room charges are based on the complexity level, with Type 1 being the most basic. The following list does not include charges for anesthesia, drugs, or supplies required for a particular operating room procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.

Per 30 minute increment

Level 1	\$ 2,471	Level 1 each additional 30 mins	\$ 1,819
Level 2	\$ 3,045	Level 2 each additional 30 mins	\$ 2,390
Level 3	\$ 3,432	Level 3 each additional 30 mins	\$ 2,788
Level 4	\$ 3,767	Level 4 each additional 30 mins	\$ 3,127
Level 5	\$ 4,232	Level 5 each additional 30 mins	\$ 3,614
Level 6	\$ 4,523	Level 6 each additional 30 mins	\$ 4,230

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.

Evaluation & Report	\$ 518
Gait Training	\$ 149
Therapeutic Exercise/per 15 min	\$ 177
Therapeutic Group	\$ 148

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.

Evaluation & Report	\$ 565
Gait Training	\$ 177
Therapeutic Group	\$ 148

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.

Airway Inhilation Treatment	\$ 151
CPAP Initiation and Management	\$ 345
Spirometry	\$ 299

X-Ray and Radiological Charges

The following charges reflect the hospital's 30 most common x-ray and radiological procedures.

XR Chest 1 View	\$ 179	Ultrasound Retroperitoneal	\$ 836
XR Chest 2 Views	\$ 227	XR Knee 4 Views or More	\$ 478
CT Head Brain wo Contrast	\$ 1,418	XR Spine Lumbosacral 2 or 3 Views	\$ 401
CAD Screening Mammography	\$ 522	XR Ankle 3 Views	\$ 390
CT Abdomen & Pelvis w Contrast	\$ 2,915	XR Hand 3 Views Minimum	\$ 411
CT Thorax w Contrast	\$ 1,476	Ultrasound Breast Unilateral Limited	\$ 451
XR Addomen 1 View	\$ 194	Bone Density DEXA	\$ 312
CAD Diagnostic Mammography	\$ 459	XR Knee, 1 or 2 Views	\$ 297
CT, Abdomen and Pelvis wo Cont	\$ 1,828	XR Wrist 3 Views Minimum	\$ 388
Screening Digital Tomography of Both Breasts	\$ 120	XR Pelvis 1 or 2 Views	\$ 389
CT Cervical Spine wo Contrast	\$ 1,282	MRI Brain wo Contrast	\$ 1,699
CT Thorax wo Contrast	\$ 1,641	MRI Brain w wo Contrast	\$ 2,848
XR Shoulder 2 Views	\$ 384	CT Blood Vessel of Head w Contrast	\$ 2,486
XR Foot 3 Views Minimum	\$ 390	Ultrasound Transvaginal NonOB	\$ 2,384
XR Hip, Uniteral, 2-3 views	\$ 400	Ultrasound Abdomen Limited	\$ 780

Laboratory Charges

The following charges reflect the hospital's 30 most common laboratory procedures.

Glucose, Blood, Scan	\$ 22	Bacterial Blood Culture	\$ 159
Comprehensive Metabolic Panel	\$ 171	Phosphorus Serum	\$ 178
CBC/Differential	\$ 72	HbA1c	\$ 86
CBC	\$ 63	Blood Gases	\$ 318
Basic Metabolic Panel	\$ 112	Potassium	\$ 29
Magnesium	\$ 211	Hemoglobin	\$ 59
Troponin	\$ 121	Blood Typing, Rh (D)	\$ 57
Prothrombin Time	\$ 52	Blood Typing, ABO	\$ 66
Urinalysis w/microscopy	\$ 50	Ionized Calcium	\$ 108
Partial Thromboplastin Time	\$ 62	Lipase	\$ 67
TSH	\$ 154	Sodium	\$ 29
Lactic Acid	\$ 84	Antibody Screen	\$ 120
Lipid Panel	\$ 120	Bacterial Culture, aerobic	\$ 71
Surgical Pathology, Level 4	\$ 1,017	Carboxyhemoglobin	\$ 81
Bacterial Urine Culture	\$ 72	Natriuretic Peptide	\$ 281

Hospital Billing Policies

We want to make sure that you receive the full benefits of your insurance coverage as well as consideration under our financial assistance programs, if applicable. Before we bill you, we bill your insurance provider, including Medicare and Medicaid, and any secondary insurance providers. We do not charge interest on any balance due after insurance payments are received. We will send an easy-to-understand billing statement showing the most current balance owed by your insurance provider as well as any balance due from you. If you are not able to pay the amount you owe in full, you may contact us regarding applying for financial assistance or being set up on a payment plan. Emergency service will never be delayed or withheld on the basis of a patient's ability to pay.

Consumers can access a number of government and private websites, which provide additional information on hospitals' charges and quality. For a complete listing of available online resources, please visit the Consumer's Guide to Quality Health Care in Ohio at ohanet.org/portal.