



Cleveland Clinic

**Akron General
Lodi Hospital**

Patient Price Information List

In compliance with state law, Lodi Hospital is providing this price list containing our charges for Room and Board, Emergency Department, Operating Room, Physical Therapy, Occupational Therapy, Respiratory, Radiology and Lab. The hospital's charges are the same for all patients. Patients needing financial assistance with their hospital bills should review the information on the back of their billing statement, or call us at 330.344.6924. These prices are correct as of January 1, 2023.

Room and Board — Per Day Charges

Semi-Private Room	\$1569
Semi-Private Room - Swing	\$1,202

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.

Room Charge - Level 1	\$211
Room Charge - Level 2	\$414
Room Charge - Level 3	\$743
Room Charge - Level 4	\$1,275
Room Charge - Level 5	\$1,782
Critical care - Initial	\$2,957
Critical care - Additional	\$1,478

Operating Room Charges

Charges for our Operating Room services generally depend on the complexity of the particular operation. There are five levels of complexity, with level 5 being the most complex.

Complexity Level	Initial 30 Minutes	Each Addtl. 30 Minutes
1	\$1,802	\$1,278
2	\$2,221	\$1,682
3	\$2,503	\$1,957
4	\$2,751	\$2,198
5	\$3,077	\$2,526
6	\$3,540	\$2,904

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	\$174
Gait Training	\$135
Therapeutic Exercise Per 15 Min	\$150
Therapeutic Group	\$92

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.

Exercise Per 15 Min	\$136
Evaluation & Report	\$521
Gait Training	\$150
Therapeutic Group	\$92

Respiratory 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 Inhalation Treatment	\$299
CPAP Initiation and Management	\$858
Spirometry	\$554

X-Ray and Radiological Charges

The following charges reflect the hospital's 30 most common X-ray and radiological procedures. These prices do not include the price of supplies that may be required for some procedures. Physicians bill separately for their services.

Abdomen Complete 1 View	\$315	Hip Unilateral 2-3 Views	\$394
Ankle 3 Views	\$410	Knee 4 or More Views	\$541
Bone Density DEXA	\$658	Knee 1 or 2 Views	\$350
Chest 2 Views	\$419	Lower Leg 2 Views	\$375
Chest Single View	\$307	Lumbosacral Spine 2 or 3 Views	\$508
CT Abdomen & Pelvis with Contrast	\$5,435	Mammogram Screening w/CAD	\$446
CT Abdomen & Pelvis without Contrast	\$4,679	Mammogram Diagnostic w/CAD	\$415
CT Cervical Spine without Contrast	\$2,518	MRI Brain with and without Contrast	\$5,033
CT Head without Contrast	\$2,114	MRI Lumbar Spine without Contrast	\$3,329
CT Thorax without Contrast	\$2,465	Neck, Spine 4 or 5 Views	\$596
CT Thorax with Contrast	\$3,142	Ribs/Chest 3 or More Views Unilateral	\$508
Elbow Minimum 3 Views	\$373	Shoulder 2 Views	\$425
Finger(s) Minimum 3 Views	\$286	Ultrasound Abdomen Limited	\$927
Foot Minimum 3 Views	\$410	Ultrasound Retroperitoneal	\$930
Hand Minimum 3 Views	\$395	Wrist Complete Minimum 3 Views	\$391

Laboratory Charges

The following charges reflect the hospital's most common laboratory procedures. Patients may have additional charges, depending on the services performed.

Bacterial Blood Culture	\$278	Lipid Panel	\$145
Bacterial Culture, Aerobic	\$85	Magnesium	\$74
Basic Metabolic Panel	\$108	Natriuretic Peptide	\$220
CBC	\$89	Phosphorus Serum	\$32
CBC/Differential	\$92	Pregnancy Test, Urine	\$58
Comprehensive Metabolic Panel	\$151	Pro Time	\$52
Culture, Urine	\$121	Partial Thromboplastin Time (PTT)	\$81
Glucose Blood Scan	\$57	Renal Function Panel	\$111
Hemoglobin	\$32	Sedimentation Rate (SED)	\$44
Hemoglobin A1C (HGB-A1C)	\$92	Troponin I	\$193
Hepatic Function Panel	\$114	Thyroid Stimulating Hormone (TSH)	\$191
High Sensitivity Cross Reacting Protein (CRP)	\$140	Urinalysis with Microscopy	\$103
Lipase	\$147	Vitamin B12	\$160
Iron Binding Capacity	\$127	Vitamin D	\$213
Lactic Acid	\$176		

Hospital Billing Policies

Lodi Community Hospital will bill all of your medical insurance carriers. Please be sure we have your correct and complete insurance information. This is most easily accomplished if you present your insurance cards when you are registering. Copayments should be paid at the time of service.

Balances remaining after insurance payments and adjustments will be billed to you. You may also be billed if your insurance company denies payment or fails to respond. We encourage you to appeal denials with your insurance company and to call them when you have not received notice that they have paid your bill.

When you do receive your bill, payment in full is expected, and appreciated. If you cannot pay your entire balance, please call us and we will try to help.

Having trouble paying your bill? Uninsured? You may be eligible for financial assistance. For information call 330.344.6924 or 1.866.440.0257, or you can go to www.akrongeneral.org/financialpolicy.