



# **Patient Price Information List**

In compliance with state law, Cleveland Clinic 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	\$	6,156	Chemical Dependency/Detox	\$ 1,998
Intensive care	\$	6,156	Neonatal Intensive Care	\$ 6,156
Medical/Surgical	\$	2,420	Skilled Nursing	\$ 1,998
Step Down Psychiatry	\$ \$	4,070 1,998	Rehabilitation	\$ 1,998

#### 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	N/A	Cesarean Section Delivery Single	N/A
Vaginal Delivery Twins	N/A	Cesarean Section Delivery Twins	N/A
Vaginal Delivery Triplets	N/A	Cesarean Section Delivery Triplets	N/A

## **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	\$ 4,616
Level 2	\$ 652	Critical care, Additional	\$ 2,132
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	\$ 2,465	Level 1 each additional 30 mins	\$ 3,465
Level 2	\$ 2,827	Level 2 each additional 30 mins	\$ 2,827
Level 3	\$ 3,445	Level 3 each additional 30 mins	\$ 3,445
Level 4	\$ 4,211	Level 4 each additional 30 mins	\$ 4,211
Level 5	\$ 4,346	Level 5 each additional 30 mins	\$ 4,346
Level 6	\$ 4,644	Level 6 each additional 30 mins	\$ 4,644

#### **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	\$ 195
Therapeutic Exercise/per 15 min	\$ 221
Therapeutic Group	\$ 138

### **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	\$ 577
Gait Training	\$ 221
Therapeutic Group	\$ 138

### **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 Inhiliation Treatment	\$ 345
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	XR Ankle 3 Views	\$ 390
XR Chest 2 Views	\$	227	XR Spine Lumbosacral 2 or 3 Views	\$ 401
Screening Mammography, bilateral, with CAD	\$	522	Ultrasound Transvaginal NonOB	\$ 698
XR Foot 3 Views Minimum	\$	390	Ultrasound Pregnant Uterus, Follow up	\$ 453
XR Knee 4 Views or More	\$	478	MRI Brain w wo Contrast	\$ 2848
XR Addomen 1 View	\$	194	CT, Abdomen and Pelvis wo Cont	\$ 1828
XR Shoulder 2 Views	\$	384	Bone Density DEXA	\$ 312
CT Abdomen & Pelvis w Contrast	\$ 2	2,776	Ultrasound Retroperitoneal	\$ 836
CT Head Brain wo Contrast	\$ 1	1,350	Ultrasound Pelvic NonOB	\$ 588
Screening Digital Tomography of Both Breasts	\$	120	Ultrasound Breast Unilateral Limited	\$ 451
XR Hand 3 Views Minimum	\$	411	XR Wrist 3 Views Minimum	\$ 388
CT Thorax wo Contrast	\$ 1	1,563	CAD Diagnostic Mammography	\$ 482
CT Thorax w Contrast	\$ 1	1,476	Ultrasound of Head and Neck	\$ 968
Ultrasound Abdomen Limited	\$	780	US Pregnant Uterus, First Trimester	\$ 750
XR Hip, Uniteral, 2-3 views	\$	400	CT Angio Chest w wo Contrast	\$ 2,179

### Laboratory Charges

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

Comprehensive Metabolic Panel	\$ 171	Basic Metabolic Panel	\$ 112
Glucose, Blood, Scan	\$ 22	HbA1c	\$ 86
CBC/Differential	\$ 72	Surgical Pathology, Level 4	\$ 1,017
CBC	\$ 63	TSH	\$ 154
Lactic Acid	\$ 84	Prothrombin Time	\$ 52
Potassium	\$ 29	Phosphorus Serum	\$ 178
Ionized Calcium	\$ 103	Vitamin D	\$ 237
Glucose, Blood, Quantitative	\$ 46	Bacterial Urine Culture	\$ 72
Sodium	\$ 30	Partial Thromboplastin Time	\$ 62
Blood Gases	\$ 318	Urinalysis, routine	\$ 22
Hemoglobin	\$ 59	Bacterial Culture, aerobic	\$ 103
Carboxyhemoglobin	\$ 81	Urinalysis w/microscopy	\$ 50
Hemoglobin, methemoglobin	\$ 53	Blood Typing, Rh (D)	\$ 57
Magnesium	\$ 211	Blood Typing, ABO	\$ 66
Lipid Panel	\$ 120	Antibody Screen	\$ 120

# **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.