



Patient Price Information List

In compliance with state law, Medina Hospital is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospitals' 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

| Intensive care | \$ 5,328 |
|------------------|-------------|
| Medical/Surgical | \$ 1,858 |

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 | \$ 3,574 |
|---------|----|-------|---------------------------|-------------|
| Level 2 | \$ | 652 | Critical care, Additional | \$ 1,641 |
| Level 3 | \$ | 1,256 | | |
| Level 4 | \$ | 2,038 | | |
| Level 5 | \$ | 2,728 | | |
| Level 5 | Ψ | 2,720 | | |

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 Inhiliation 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.