



*Commonly Reported Hospital Services*

*Your hospital bill may contain additional charges specific to your care such as additional procedures, supplies and medications.*

*Prices Effective January 1, 2024*

Inpatient Room and Board Per Day Charges	
Antepartum Room	\$2,963.20
Intensive Care	\$5,152.31
Medical-Surgical Room	\$2,165.81
Nursery Room	\$1,470.00
Nursery Room Intermediate Care	\$5,863.00
Telemetry Intermediate Care	\$3,294.12

Delivery Charges	
Vaginal Delivery	\$7,004.05
Cesarean Section	\$10,500.00

*charges do not include fees for physicians or anesthesia providers*

Operating Room Services		
	1st Minute	Additional Minute
Minor Surgery	\$1,402.81	\$140.29
Major Surgery	\$3,502.53	\$140.65

*charges do not include fees for surgeon or anesthesia providers*

Emergency Room Services	
ER Level 1	\$1,165.40
ER Level 2	\$1,165.40
ER Level 3	\$1,778.78
ER Level 4	\$2,330.81
ER Level 5	\$3,128.19
Critical Care	\$4,200.35

*charges do not include fees for ER physicians/providers*

X-Ray and Imaging Services	
CT ABDOMEN PELVIS WITH CONTRAST	\$807.98
CT ABDOMEN PELVIS WITHOUT CONTRAST	\$807.98
CT CHEST/LUNG WITHOUT CONTRAST	\$403.99
CT CHEST/LUNG WITH CONTRAST	\$403.99

CTA CHEST WITH OR WITHOUT CONTRAST	\$403.99
CT HEAD WITHOUT CONTRAST	\$403.99
DEXA AXIAL SKELETON	\$611.62
MAMMOGRAM DX BILATERAL WITH CAD	\$453.05
MAMMOGRAM DX UNILATERAL WITH CAD	\$426.41
MAMMOGRAM SCR BILAT WITH CAD	\$346.45
MR LOWER EXTREMITY JOINT WITHOUT CONTRAST	\$659.60
MR SPINE LUMBAR WO CONTRAST	\$659.60
TOMOSYNTHESIS BREAST DIAGNOSTIC UNILATERAL	\$233.09
TOMOSYNTHESIS BREAST SCREEN BILATERAL W SCREEN MAMMO	\$226.94
US ABDOMEN COMPLETE	\$1,618.65
US BREAST TARGETED UNILATERAL	\$1,087.21
US PELVIS COMPLETE	\$1,618.65
US RETROPERITONEAL LIMITED	\$1,339.32
US TRANSVAGINAL	\$1,618.65
XR ABDOMEN 1 VIEW	\$351.78
XR ANKLE 3+ VIEWS	\$368.03
XR CHEST 1 VIEW	\$174.76
XR CHEST 2 VIEWS	\$309.41
XR FOOT 3+ VIEWS	\$368.03
XR HAND 3+VIEWS	\$368.03
XR HIP 2-3 VWS UNILATERAL INCLUDES PELVIS IF PERFORMED	\$624.42
XR KNEE 1 OR 2 VIEW	\$311.79
XR SHOULDER 2+ VIEWS	\$592.95
XR SPINE LUMBOSACRAL 2 VIEWS	\$588.97
XR WRIST 3+ VIEWS	\$368.03

*charges do not include fees for the radiologist*

Laboratory Services	
ABO	\$12.26
BLOOD CULTURE	\$42.31
CBC WITH DIFFERENTIAL	\$31.86
CBC WO DIFF	\$26.53
COMPREHENSIVE METABOLIC PANEL	\$43.30
COVID-19	\$410.00
COVID-19 SWAB COLLECTION	\$63.00
CREATININE OTHER SOURCE	\$21.24
C-REACTIVE PROTEIN	\$21.24
CULTURE TYPING PER CULTURE EA ORGANISM	\$143.87
FERRITIN	\$55.88
GLUCOSE	\$13.45
GROSS & MICRO LEV 4 (88305)	\$54.74
HEPATIC FUNCTION PANEL	\$33.50
IRON	\$26.53
LACTIC ACID	\$47.44

LIPASE	\$28.25
LIPID PROFILE	\$54.90
MAGNESIUM (83735)	\$27.47
NATRIURETIC PEPTIDE	\$160.97
PROTHROMBIN TIME	\$17.59
PSA PROSTATE SPECIFIC ANTIGEN TOTAL	\$79.17
PTT	\$24.64
RENAL PANEL	\$35.59
TROPONIN I	\$51.13
TSH HORMONE	\$68.88
UA DIPSTICK OR TABLET REAGENT AUTOMATED	\$9.23
URINALYSIS WITH MICROSCOPY	\$13.00
URINE CULTURE	\$33.09
VENIPUNCTURE	\$12.30

#### Therapy Services

DYSPHAGIA THERAPY	\$275.21
FUNCTIONAL ACTIVITIES EACH 15 MINS	\$142.10
GAIT TRAINING EACH 15 MIN	\$142.10
INTERMITTENT COMPRESSION	\$94.64
MANUAL TECHNIQUE THERAPY EACH 15 MIN	\$142.10
NEUROMUSCULAR RE-ED EACH 15 MIN	\$142.10
PT EVALUATION HIGH COMPLEXITY	\$401.55
PT EVALUATION MODERATE COMPLEXITY	\$401.55
THERAPEUTIC EXER/ISOKIN TRNG EACH 15 MIN	\$142.10
SPEECH THERAPY	\$307.39

#### Respiratory & Pulmonary Services

BIPAP PER DAY	\$515.68
MECHANICAL CHEST WALL OSCILLATION	\$246.58
INHALATION HHN MDI HELIOX TREATMENT EACH	\$246.58
HC OXIMETRY NOCTURNAL OR CONTINUOUS	\$315.27
OXIMETRY PULSE SINGLE CHECK	\$101.04