



Most Commonly Reported Hospital Services

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

You may receive separate bills from your physician, pathologist or other health care provider.

Prices Effective July 1, 2024

Good Samaritan, Bethesda North and Bethesda Butler County

Inpatient Room and Board Per Day Charges

Medical Surgical	\$1,400
Newborn Nursery	\$3,150
Newborn Convalescent Care	\$3,600
Nursery Special Care	\$5,000
Nursery Intermediate Care	\$9,900
Newborn Intensive Care	\$10,400
Antepartum	\$1,300
Intermediate Care	\$3,250
Intermediate Care with Telemetry	\$3,828
Adult Surgical Intensive Care	\$6,700
Psychiatric/Behavioral Health	\$1,400
Adult Medical Intensive Care	\$6,700

Delivery Charges

Vaginal Delivery	\$9,900
Cesarean Section Delivery	\$10,500

charges do not include fees for physicians or anesthesia providers

Operating Room Services

	1st 15 Minutes	Additional Minute
Minor Surgery Inpatient	\$3,239	\$86
Major Surgery Inpatient	\$6,016	\$111
Minor Surgery Outpatient	\$2,812	\$75
Major Surgery Outpatient	\$4,789	\$87

charges do not include fees for physicians or anesthesia providers

Emergency Room Services

ER Level 1	\$653
ER Level 2	\$710
ER Level 3	\$2,122
ER Level 4	\$2,691
ER Level 5	\$3,250
Critical Care	\$4,400

charges do not include fees for the Emergency Room physician/providers

X-Ray and Imaging Services

CT Abdomen & Pelvis with Contrast	\$808
CT Abdomen & Pelvis without Contrast	\$808
CT Chest/Lung with Contrast	\$404
CT Chest/Lung without Contrast	\$404
CT Head without Contrast	\$404
CTA Chest with or without Contrast	\$404
Dexa Scan Axial Skeleton	\$665
Mammogram Diagnostic Digital Unilat with CAD	\$369
Mammogram Screening Bilateral with CAD	\$416
MRI Brain with and without Contrast	\$660
MRI Lumbar Spine without Contrast	\$660
Myocardial Perfusion SPECT Multiple Complete	\$6,894
Pharmacological Stress Test	\$1,414
Tomosynthesis Breast Screen Bilateral Mammo	\$185
Treadmill Test without Isotope	\$1,414
US Abdomen Limited Exam	\$747
Ultrasound Breast Unilateral	\$622
Ultrasound OB Transabdominal Limited	\$475
X-ray Abdomen 1 View	\$325
X-ray Abdomen 2 Views	\$458
X-ray Ankle 3+ Views	\$510
X-ray Cervical Spine 3 or < Views	\$467
X-ray Chest 1 View	\$290
X-ray Chest 2 Views	\$348
X-ray Foot 3+ Views	\$510
X-ray Hand 3+ Views	\$463
X-ray Hip 2-3 Views Unilateral includes Pelvis	\$510
X-ray Knee 1 or 2 View	\$377
X-ray Shoulder 2+ Views	\$451
X-ray Spine Lumbosacral 2 View	\$503

charges do not include fees for the radiologist

Laboratory Services

ABO	\$14
Antibody Screen	\$41
Basic Metabolic Panel	\$39
Blood Culture	\$48
Blood Gas Study	\$107
CBC with Differential	\$36
CBC without Differential	\$30
Comprehensive Metabolic Panel	\$49
COVID-19 Test	\$410
COVID-19 Antibody	\$173
Glucose	\$18
Glycated Hemoglobin	\$45
Hematocrit	\$11
Hemoglobin	\$11
Hepatic Function Panel	\$38

Lactic Acid	\$49
Lipase	\$32
Lipid Profile Fasting	\$62
Magnesium	\$31
Phosphorus	\$22
Prothrombin Time	\$18
Partial Thromboplastin Time (PTT)	\$28
Renal Function Panel	\$40
Rh Factor	\$14
Tissue Exam Level 4	\$128
Treponema Pallidum Antibody	\$61
Troponin	\$52
TSH Hormone	\$77
Urinalysis with Microscopy	\$15
Urine Pregnancy	\$36
Urine Culture	\$37
Venipuncture	\$13

Physical Therapy Services

Electrical Stimulation Unattended/Session	\$96
Gait Training/15 Minutes	\$143
Manual Technique Therapy/15 Minutes	\$143
Therapeutic Exercise/15 Minutes	\$143
Ultrasound/15 Minutes	\$99
PT Evaluation Moderate Complexity	\$341

Occupational Therapy Services

Activities of Daily Living (ADL) Training/15 Mins	\$158
Functional Activities/15 Minutes	\$143
OT Evaluation Moderate Complexity	\$341

Pulmonary Services

Carbon Dioxide Diffusion Capacity	\$398
Oximetry Pulse Single Check	\$120
Single Lung Volume	\$379

Helpful Physician Billing Service Phone Numbers

Anesthesia	800-827-3458
Emergency Room Physicians	800-225-0953
Pathology	800-503-6254
Radiology	513-247-8647