



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, 2025

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
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