



Commonly Reported Hospital Services

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

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

Prices Effective July 1, 2020

TriHealth Hospital Inc.

INPATIENT ROOM AND BOARD PER DAY CHARGES

Semi-Private Room	\$702
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OPERATING ROOM SERVICES

	1 st minute		
Main OR	\$693	Each additional 10 minute	\$639
Endoscopy	\$520	Each additional 10 minute	\$380
OTC/ASC	\$648	Each additional 5 minute	\$425

Charges do not include fees for anesthesia providers. Please contact Seven Hills Anesthesia at (859) 341-2666 or (800) 827-3458 for billing questions.

X-RAY AND IMAGING SERVICES

CT Scan Abdomen/Pelvis With Contrast	\$808
CT Scan Abdomen/Pelvis Without Contrast	\$808
CT Scan Chest/Lung Without Contrast	\$404
CT Scan Chest/Lung With Contrast	\$404
MRI Brain Without Contrast	\$660
MRI Brain With and Without Contrast	\$660
MRI Lower Extremity Joint Without Contrast	\$660
MRI Spine Cervical Without Contrast	\$660
MRI Spine Lumbar Without Contrast	\$660
MRI Upper Extremity Joint Without Contrast	\$660

Ultrasound Abdomen Complete	\$494
Ultrasound Abdomen Limited Exam	\$412
Ultrasound Extremity Limited Joint	\$259
Ultrasound Head/Neck Soft Tissue	\$412
Ultrasound Pelvic Complete	\$412
X-ray Ankle 3 or More Views	\$208
X-ray Chest 2 Views	\$192
X-ray Finger Single Digit	\$192
X-ray Foot 3 or More Views	\$208
X-ray Hand 3 or More Views	\$208
X-ray Hip Unilateral 2-3 Views with Pelvis if performed	\$400
X-ray Knee 1 or 2 Views	\$192
X-ray Knee Both AP/Standing	\$192
X-ray Pelvic 1 or 2 Views	\$192
X-ray Shoulder 1 View	\$192
X-ray Shoulder 2 or More Views	\$208
X-ray Spine Cervical 3 or Less Views	\$192
X-ray Spine Lumbosacral 2 Views	\$192
X-ray Spine Lumbosacral Minimum 4 Views	\$323
X-ray Wrist 2 Views	\$184

Charges do not include fees for the radiologist. Please contact Tristate Imaging Medical Group at (513) 247-8647 for billing questions.

LAB SERVICES

ABO (blood typing)	\$14
AFB Culture	\$50
Anaerobic Culture	\$44
Antibody Screen	\$41
Basic Metabolic Panel	\$32
CBC With Differential	\$36
CBC Without Differential	\$30
Creatinine	\$24
COVID-19 Testing	\$410
COVID-19 Antibody	\$173
Frozen Section Level 1	\$150
Fungus Culture	\$39
Glucose Random	\$18
Glycated Hemoglobin	\$45
Gram Stain	\$20
Gross & Micro Level 3	\$128
Gross & Micro Level 4	\$128

Gross & Micro Level 5	\$287
H Pylori	\$75
Hematocrit	\$11
Hemoglobin	\$11
Immunocytochemistry AB	\$203
MRSA Amplified Probe Technique	\$160
Prothrombin Time	\$18
RH Factor	\$14
Staph A Amplified Probe Technique	\$160
Bacterial Culture except Urine	\$40
Urine Culture	\$37
Urine Pregnancy	\$36
Urinalysis with Microscopy	\$18
Venipuncture	\$13

Charges do not include fees for services of a Pathologist. Please contact Southern Ohio Pathology at (800) 503-6254 for billing questions.