



Patient Price Information List
As of October 1, 2011

1. All charges noted do not include medications or supplies that may be used during your stay at Community Hospitals and Wellness Centers.
- 1.1 Hospital based Anesthesia or Anesthesiologist charges and Hospital based Pathology or Pathologist charges are included in the CHWC hospital bill.
- 1.2 Emergency Department Physician charges are not included in the CHWC hospital bills. Information can be obtained by contacting:
Northwest Ohio Emergency Services
P.O. Box 1344
Toledo, OH 43603
888-834-9410 or 419-824-5063
- 1.3 Radiologist, ProRad Inc., services are not included in the CHWC hospital bills. Information can be obtained by contacting:
Health Pro Medical Billing, Inc.
P.O. Box 1046
Lima, OH 45802
419-224-5707 or 800-444-3387
- 1.4 Non Hospital Based Anesthesia services provided by Midwest Community Health Associates (MCHA) are not included in the CHWC hospital bills. Information can be obtained by contacting:
MCHA
442 West High Street
Bryan, OH 43506
800-426-7307 or 419-636-4517

2. Room and Board - Per Day Charges

	Charges
Acute Rehab Room Rate	\$ 622.00
CAH Swing Bed Room Rate	1,003.00
Intensive Care Room Rate	1,225.00
Medical/Surgical Room Rate	739.00
Nursery Room Rate	397.00
OB Room Rate	686.00
Pediatrics Room Rate	802.00
Telemetry Room Rate	856.00

3. Labor and Delivery Charges

	Charges
Labor and Delivery	\$ 913.00
Cesarean Section Delivery	See Major Surgery

4. Emergency Department Charges

	Charges
Level 1	\$ 130.00
Level 2	213.00
Level 3	335.00
Level 4	522.00
Level 5	788.00

5. Operating Room Charges

	Initial Half Hr	Add'l 15 Min Chrg
Minor Surgery	\$ 1,029.00	\$ 238.00
Major Surgery	1,320.00	290.00
Combo Major/Minor Surgery	1,475.00	610.00
Recovery Room	665.00	69.00

6. Occupational Therapy Charges - most common services

	Charges
Add'l Home Ins-Ast Development 15 MIN	\$ 53.00
Develope Cognitive Skill 15 MIN	63.00
Fluidotherapy	65.00
Orthotic Fitting & Training 15 MIN	75.00
OT Evaluation	158.00
Paraffin Bath	59.00
Physical Capacity 15 MIN	63.00
Prosthetic Training	60.00
Therapeutic Activity 15 MIN	53.00
Therapeutic Exercise 15 MIN	63.00
Work Condition Exrcs/Job Stimulation 1 hr	117.00

7. Physical Therapy Charges - most common services

	Charges
Aquatic Therapy 15 MIN	\$ 64.00
Electrical Stimulate PT Assisted	87.00
Electrical Stimulate Unattended	74.00
Gait (Walking) Training 15 MIN	48.00
Infrared Therapy	47.00
Iontophoresis 15 MIN	64.00
Manual Therapy Tech 15 MIN	75.00
Massage 15 MIN	53.00
Neuromuscle Facilitation 15 MIN	78.00
PT Evaluation	185.00
PT Evaluation Vestibula (Balance)	190.00
TENS - Transcutaneous Elect Nerve Stim	121.00
Therapeutic Activity 15 MIN	53.00
Therapeutic Exercise 15 MIN	63.00
Therapeutic Exercise in a Group	53.00
Traction Mechanical	53.00
Ultrasound 15 MIN	49.00
Vestibular Ex 15 MIN	85.00
Wheelchair Management	28.00

8. Pulmonary Therapy Charges - most common services

	Charges
Aerosol All Treatments after Initial	\$ 51.00
Aerosol Initial Treatment	117.00
Arterial Blood Gas	201.00
Atrovent with normal saline	12.00
Diffusion Carbon Dioxide Across Capillary Mem	196.00
Disposable Incentive Spirometry	157.00
Duoneb Inhalation	9.00
ECHO Full Study	1,874.00
EEG	474.00
EKG	91.00
PFT - Spirometry Brnch/Dilt/ADM	321.00
Proventil normal saline	7.00
Pulse Oximeter Check	16.00
PVR/Extremity Comp Bil	433.00
Ultrasound both Carotid Arteries	460.00
Ultrasound of veins in Legs or Arms	522.00
Xopenex 1.25 MG normal saline	12.00

9. X-Ray and Radiological Charges - 30 most common services

	Charges
Abdomen: AP, UP CXR 3 views	\$ 325.00
Ankle: 3 views	201.00
Cervical Spine: 2-3 views	317.00
Chest: AP/PA 1 view	185.00
Chest with Lateral: 2 views	206.00
CT Abdomen: W/O contrast	898.00
CT Abdomen: with contrast	1,227.00
CT Brain: W/O contrast	898.00
CT Chest: with contrast	1,294.00
CT Pelvis: with contrast	1,224.00
CT Abdomen Pelvis W/O contrast	1,875.00
CT Abdomen Pelvis with contrast	2,350.00
Foot: Min 3 views	217.00
Hand: Min 3 views	220.00
K.U.B.: 1 view	175.00
Knee: 3 views	212.00
Lumbar Spine: 2-3 views	422.00
Lumbar Spine: 5 views	469.00
MRI Brain: W/ & W/O contrast	2,387.00
MRI Brain: W/O contrast	1,541.00
MRI Cervical Spine: W/O contrast	1,622.00
MRI Low Extrm W JT: W/O contrast	1,612.00
MRI Lumbar Spine: W/O contrast	1,606.00
MRI Up Extrm W JT: W/O contrast	1,624.00
Nuclear Med Bone Scan: Complete	1,149.00
Nuc Med Cardolite Treadmill Stress	5,728.00
Shoulder: 2 views	201.00
Ultrasound Abdomen: Renal	607.00
Ultrasound Abdomen: RUQ	444.00
Ultrasound Pelvic	719.00

10. Laboratory Charges - 30 most common

	Charges
ALT SGPT	\$ 54.00
Amylase	69.00
Basic Profile	77.00
Blood Culture	108.00
BNP	352.00
Urine Culture	84.00
CBC with BC Differential	81.00
CKMB	95.00
Comprehensive Profile	110.00
CPK	67.00
Electrolyte Profile	47.00
Hemoglobin A1C	102.00
Liver Profile	67.00
Hemoglobin	25.00
Level IV Gross & Micro	347.00
Lipase	73.00
Lipid Profile	133.00
Magnesium	60.00
Myoglobin	135.00
Organism ID	84.00
Phosphorus	50.00
Newborn Screening	300.00
Protime	42.00
PTT	63.00
SED Rate	38.00
Sensitivity	81.00
PSA Screening or Total	191.00
Troponin 1	103.00
TSH	175.00
Urinalysis	24.00

11. Hospital Billing Policy

Insurance accounts

All accounts with health insurance will be billed to the insurance. The hospital will check on the status of the claim approximately 35 days after billing if payment or correspondence has not been received prior to that date. If the insurance does not provide a payment date or reason for no payment on the account, a statement will be sent to the guarantor for the outstanding balance on the account. If the insurance is holding the claim for additional information from the patient, a letter will be sent asking the policy holder to contact the insurance with the requested information and notify the hospital within 10 days. If no response is received, the initial statement will be sent to guarantor.

2nd Insurance Billing

Secondary and tertiary insurance companies will be billed by CHWC after the primary insurance has processed the claim. Approximately 30 days after billing, the secondary insurance will be contacted for payment status if the claim has not been processed by the insurance company. The account will be held if a payment date is provided. The guarantor will be billed if the claim is pending information from the patient or if the insurance company cannot provide a payment date.

Guarantor Statements-Financial Assistance

All patients with no health insurance will receive a financial assistance application at the time of registration, to apply for HCAP or the hospital financial assistance program. Any patient with health insurance can also request a financial assistance application, or print it from the website (See "Financial Assistance" on the hospital website at www.chwchospital.org). Each patient will receive an initial statement with a summary of charges, payments and adjustments. Also, monthly guarantor statements are sent the first week of each month. The guarantor statement lists all outstanding accounts for the guarantor, excluding accounts that are listed with an outside collection agency. The statements will not include any patient accounts still processing with the insurance.

Payment Arrangements

If the balance cannot be paid by the due date, the guarantor or patient should contact the hospital to set up payment arrangements. CHWC does not charge interest on payment plan accounts. If the account is not paid in full and no payment arrangement is set up within 60 days from the initial statement, a past due letter is sent to the guarantor. If the guarantor does not respond to the past due letter by the due date, the account will be reviewed for possible assignment to a collection agency, and after 30 days with the collection agency, the account will be reported on the guarantor's credit report. Also, accounts with an established payment arrangement will be reviewed for assignment to a collection agency after 2 late or missed payments and receipt of a past due letter.