



**Patient Price Information List**  
*As of October 1, 2009*

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	\$ 915.00
CAH Swing Bed Room Rate	935.00
Intensive Care Room Rate	1,630.00
Medical/Surgical Room Rate	935.00
Nursery Room Rate	540.00
OB Room Rate	860.00
Pediatrics Room Rate	1,000.00
Telemetry Room Rate	1,090.00

**3. Labor and Delivery Charges**

	Charges
Labor and Delivery	\$ 1,243.38
Cesarean Section Delivery	See Major Surgery

<b>4. Emergency Department Charges</b>		
	Outpatient Charges	Inpatient Charges
Level 1	\$ 122.00	\$ 129.19
Level 2	200.65	212.48
Level 3	316.21	334.85
Level 4	510.43	540.53
Level 5	791.33	837.98

<b>5. Operating Room Charges</b>				
	Outpatient Initial Half Hr	Outpatient Addt'l 15 Min Chrg	Inpatient Initial Half Hr	Inpatient Addt'l 15 Min Chrg
Minor Surgery	\$ 992.54	\$ 252.56	\$ 1,048.76	\$ 266.86
Major Surgery	1,318.28	312.88	1,392.96	330.61
Combo Major/Minor Surgery	1,545.10	334.60	1,632.63	353.56
Recovery Room	702.43	74.46	737.69	78.19

<b>6. Occupational Therapy Charges - most common services</b>		
	Outpatient Charges	Inpatient Charges
Add'l Home Ins-Ast Development 15 MIN	\$ 60.15	\$ 69.69
Develope Cognitive Skill 15 MIN	66.03	76.50
Fluidotherapy	61.61	71.39
Orthotic Fitting & Training 15 MIN	77.02	89.23
OT Evaluation	163.57	189.53
Paraffin Bath	55.75	64.59
Physical Capacity 15 MIN	61.61	71.39
Prosthetic Training	77.02	89.23
Therapeutic Activity 15 MIN	61.61	71.39
Therapeutic Exercise 15 MIN	60.15	69.69
Work Condition Exrcs/Job Stimulation 1 hr	106.97	112.19

<b>7. Physical Therapy Charges - most common services</b>		
	Outpatient Charges	Inpatient Charges
Aquatic Therapy 15 MIN	\$ 66.44	\$ 69.69
Electrical Stimulate PT Assisted	76.16	79.88
Electrical Stimulate Unattended	76.16	79.88
Gait (Walking) Training 15 MIN	57.53	60.35
Infrared Therapy	66.44	69.69
Iontophoresis 15 MIN	66.44	69.69
Manual Therapy Tech 15 MIN	68.06	71.39
Massage 15 MIN	51.04	53.53
Neuromuscle Facilitation 15 MIN	72.93	76.50
PT Evaluation	180.69	189.53
PT Evaluation Vestibula (Balance)	183.94	192.92
TENS - Transcutaneous Elect Nerve Stim	111.83	117.29
Therapeutic Activity 15 MIN	68.06	71.39
Therapeutic Exercise 15 MIN	66.44	69.69
Therapeutic Exercise in a Group	57.53	60.35
Traction Mechanical	51.04	53.53
Ultrasound 15 MIN	46.18	48.45
Vestibular Ex 15 MIN	72.93	76.50
Wheelchair Management	35.64	37.39

<b>8. Pulmonary Therapy Charges - most common services</b>		
	Outpatient Charges	Inpatient Charges
Aerosol All Treatments after Initial	\$ 50.59	\$ 68.84
Aerosol Initial Treatment	113.66	154.67
Arterial Blood Gas	189.51	204.83
Atrovent with normal saline	14.11	16.15
Diffusion Carbon Dioxide Across Capillary Mem	184.53	200.58
Disposable Incentive Spirometry	186.11	202.27
Duoneb Inhalation	9.66	11.06
ECHO Full Study	1,787.50	1,930.22
EEG	451.75	484.45
EKG	98.18	106.23
PFT - Spirometry Brnch/Dilt/ADM	301.80	328.04
Proventil normal saline	6.67	7.63
Pulse Oximeter Check	21.89	23.79
PVR/Extremity Comp Bil	319.98	361.20
Ultrasound both Carotid Arteries	456.26	515.02
Ultrasound of veins in Legs or Arms	510.47	576.22
Xopenex 1.25 MG normal saline	13.38	15.31

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

	Outpatient Charges	Inpatient Charges
Abdomen: AP, UP CXR 3 views	\$ 329.57	\$ 354.16
Ankle: 3 views	196.14	210.77
Cervical Spine: 2-3 views	313.19	336.56
Chest: AP/PA 1 view	198.08	212.86
Chest with Lateral: 2 views	198.08	212.86
CT Abdomen: W/O contrast	876.51	921.71
CT Abdomen: with contrast	1,268.20	1,333.60
CT Brain: W/O contrast	876.51	921.71
CT Chest: with contrast	1,268.20	1,333.60
CT Pelvis: with contrast	1,268.20	1,333.60
DEXA - Bone Denisty Study	370.91	398.59
Foot: Min 3 views	208.79	224.37
Hand: Min 3 views	208.79	224.37
K.U.B.: 1 view	172.41	185.27
Knee: 3 views	200.09	215.02
Lumbar Spine: 2-3 views	406.52	436.86
Lumbar Spine: 5 views	442.10	475.08
Mammogram: Screening	65.11	68.55
MRI Brain: W/ & W/O contrast	2,349.88	2,524.37
MRI Brain: W/O contrast	1,536.88	1,651.00
MRI Cervical Spine: W/O contrast	1,536.88	1,651.00
MRI Low Extrm W JT: W/O contrast	1,536.88	1,651.00
MRI Lumbar Spine: W/O contrast	1,536.88	1,651.00
MRI Up Extrm W JT: W/O contrast	1,536.88	1,651.00
Nuclear Med Bone Scan: Complete	1,097.91	1,177.94
Nuc Med Cardolite Treadmill Stress	5,687.29	6,106.13
Shoulder: 2 views	193.75	208.22
Ultrasound Abdomen: Renal	621.63	654.41
Ultrasound Abdomen: RUQ	438.91	462.07
Ultrasound Pelvic	711.23	748.74

<b>10. Laboratory Charges - 30 most common</b>		
	Outpatient Charges	Inpatient Charges
ALT SGOT & SGPT	\$ 53.51	\$ 57.84
Amylase	81.53	88.12
Basic Profile	75.97	82.11
Blood Culture	106.87	115.51
BNP	259.39	280.36
Urine Culture	83.60	90.36
CBC with BC Differential or no Differential	80.48	87.00
CKMB	94.20	101.81
Comprehensive Profile	109.47	118.32
CPK	67.44	72.89
Electrolyte Profile	111.17	120.16
Hemoglobin A1C	100.50	108.63
Liver Profile	88.93	96.12
Hemoglobin	18.08	19.54
Level IV Gross & Micro	182.22	194.78
Lipase	71.30	77.07
Lipid Profile	131.69	142.34
Magnesium	66.70	72.10
Myoglobin	133.69	144.50
Organism ID	83.66	90.43
Phosphorus	49.13	53.11
Newborn Screening	148.21	160.20
Protime	40.69	43.98
PTT	62.10	67.12
SED Rate	37.74	40.79
Sensitivity	79.96	86.42
PSA Screening or Total	190.46	205.86
Troponin 1	101.90	110.13
TSH	173.93	188.00
Urinalysis	23.27	25.15

## **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 policy holder, a letter will be sent to the policy holder requesting that he/she contact the insurance with the requested information and notify the hospital within 10 days. The guarantor will receive a bill on the account after 10 days if no response is received.

### **2<sup>nd</sup> insurance billing**

The hospital will bill the secondary or tertiary insurance companies after payment or an explanation of benefits is received from the primary insurance. The bill along with the primary insurance EOB is sent to the other insurance companies. The hospital will hold the account for an additional 30 days to allow time for the insurance to process the remaining balance on the account. The guarantor will then receive a statement for any outstanding balance.

### **Guarantor Statements-Financial Assistance**

If a patient does not have health insurance, the guarantor receives a statement as soon as the bill is completed in the hospital system. All patients with no health insurance will also receive a summary bill and financial assistance application 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, to apply for assistance on any balance after insurance has completed processing of the account. (See "Financial Assistance" on the website, [www.chwchospital.com](http://www.chwchospital.com)). The hospital sends out 30-day guarantor statements that list current outstanding patient accounts under the guarantor. The statement will not include any patient accounts still processing with the insurance, until the balance becomes the patient responsibility.

### **Payment Arrangements**

The guarantor or patient should contact the hospital by the due date on the statement to set up payment arrangements if the balance cannot be paid in full by the due date. If the hospital does not receive payment in full and payment arrangements are not set up, a past due letter will be sent to the guarantor, if the guarantor does not contact the hospital by the due date on the past due letter, a collection letter will be sent to the guarantor, and if the guarantor does not contact the hospital by the due date on the collection letter, the account will be sent to a full service collection agency for additional follow up to obtain payment of the outstanding balance. The hospital does not charge interest on amounts not paid in full.