



CONSUMER PRICE GUIDE

Revised January 1st 2017

General Charge Information

Memorial Hospital abides by all state and federal charging and billing regulations for hospital based healthcare services. The following information is published in accordance with Ohio House Bill No. 197 to allow consumers the opportunity to review hospital charges for selected medical services. Although the information provides basic charge information it ***is not all inclusive of the potential charges*** for a given service. It does not include items such as non-routine supplies and medications that can vary significantly among patients. If more detailed or additional information is needed for specific services, please contact us at **mhuccharge@memorialohio.com** or **(937) 578-2579**.

This hospital published charge information includes the following:

- Cardiac Cath Lab Services
- Delivery Room Services
- Emergency Department Services
- Laboratory Services
- Occupational Therapy Services
- Operating Room Services
- Pain Management Services
- Physical Therapy Services
- Radiological/x-ray Services
- Respiratory Therapy Services
- Sleep Lab Services
- Wound Care Services
- Inpatient Room and Board rates & Observation Room rates

Memorial Hospital makes every effort to ensure that hospital bills are complete and accurate and is willing to provide financial assistance to those patients who are experiencing difficulty in paying their bills. The hospital participates in the Hospital Care Assurance Program (HCAP) that provides a sliding scale discount based on income and household size. Interest is not charged on unpaid, billed accounts. For more information on payment assistance please contact the hospital via e-mail at **mhuccharge@memorialohio.com** or by phone at **(937) 578-2564**.

The information contained here does not include detail on physician charges for radiology, laboratory, surgical, cardiology or emergency services. For physician charge information, please contact the following businesses.

Emergency Department Physicians

TEAMHealth: (877) 821-2902

Radiologists (X-ray readings)

Mid-Ohio Radiology: (614) 791-1300 or (800) 538-2744

Pathology and Cardiology (pathology and EKG readings)

OSU Physicians: (614) 255-1000 or (888) 886-8446

Anesthesia

Rural Anesthesia Management: (859) 655-8558

Cardiac Cath Lab Charges

Description	Charge
Estimated Insertion/replacement of permanent implantable defibrillator system.....	58,032.00
Removal/replacement of pacemaker pulse generator dual lead system.....	19,240.00
Estimated Removal/replacement of pacemaker pulse generator single lead system..	17,257.00
Estimated charge for Implantation of patient-activated cardiac event recorder.....	13,915.00
Cardioversion, elective, electrical conversion of arrhythmia; external	3,200.00
Estimated Tilt Table	3,654.00
Estimated charge for Left Heart Artery / Ventricle Angiography.....	12,762.00
Estimated charge for Left Heart Artery / Graft Angiography	13,955.00
Estimated charge for Right & Left Heart Artery/Ventricle Angiography	15,935.00

Labor & Delivery Room Charges

Description	Charge
Monitor-Fetal Heart-Per Hour.....	\$214.00
Monitor-Neonatal	223.00
Delivery Room	663.00
Amniocentesis.....	399.00
Laboring Epidural per Hour	154.00
Laboring Monitoring per Hour.....	92.00
OB Recovery 1st Hour	515.00
OB Recovery Room/15 Minutes Additional	122.00

Labor & Delivery Room Charges continued

OB C-Section 1st 15 Minutes	3,871.00
OB C-Section Each Additional 15 Minutes	867.00

Average Total Delivery Charges

Median Normal Vaginal Delivery Hospital Charge (Includes all medications, supplies and hospital services).....	\$7,769.56
Median Uncomplicated C-Section Delivery Hospital Charge (Includes all medications, supplies and hospital services).....	\$18,986.18

Emergency Department Charges

Description	Charge
ED Levels of Care	
Emergency Room Level 1	\$300.00
Emergency Room Level 2	500.00
Emergency Room Level 3	800.00
Emergency Room Level 4	1,000.00
Emergency Room Level 5	1,242.00
Emergency Room Level Critical	2,900.00
ED Procedures	
Arterial Puncture	139.00
Arthrocentesis of Joint, Needle Aspiration or Injection.....	644.00
Avulsion of Nail Plate, Partial or Complete	104.00
Blood Product Transfusion	1,200.00
Central Vein IV Line Insertion.....	1,104.00
Chest Tube Insertion.....	1,027.00
Ear Wax Impaction Removal.....	150.00
EKG 12 Lead Tracing only.....	160.00
Electrocardioversion of Heart.....	1,022.00
Endotracheal Intubation - Breathing Tube Insertion	708.00
Epidural Blood Patch Spinal Injection.....	1,100.00
Incision & Drainage Hematoma/Fluid	1,248.00
Foley Catheter Insertion.....	278.00
Lab Draw – ER Staff	30.00
Injection, IV push, initial	200.00
Injection, each additional sequential IV push of a new substance/drug	180.00
Injection, Subcutaneous or intramuscular.....	145.00
IV Hydration, initial, up to one hour	306.00
IV Hydration, each additional hour	130.00
IV Infusion Therapy, Additional Sequential, Up to 1 Hour.....	153.00
IV Infusion Therapy, Concurrent	213.00
IV Infusion Therapy, Initial, Up To One Hour.....	306.00
IV Infusion Therapy, each additional hour	153.00
Therapeutic, prophylactic, or diagnostic injection; IV push initial	212.00
Therapeutic, prophylactic, or diagnostic injection; ea. add' l IV push new drug	200.00
Dermabond	135.00
Lumbar Puncture/Spinal Tap.....	804.00
Moderate Sedation Over 5 Years Old First 30 Minutes	317.00
Nasal Packing/Cautery.....	470.00

Emergency Department Charges Continued

PICC Insertion (Peripheral Central IV Line).....	1,179.00
Straight Catheter Insertion for Urine.....	212.00
Trans Cutaneous Pacing of Heart	926.00
Immunization Administration through 18 years of age 1 st Component.....	58.00
Immunization Administration through 18 years of age Additional Component	53.00
Vaccine Administration Adult.....	55.00

Laboratory Charges

Description	Charge
Complete Blood Count (CBC) with Auto Differential	\$55.00
Complete Blood Count (CBC) Without Auto Differential	45.00
Basic Metabolic Panel F8.....	106.00
Comprehensive Metabolic Panel.....	210.00
Lipid Panel	120.00
Ha ₁ C Marysville	105.00
Glucose.....	38.00
Cholesterol.....	51.00
Prothrombin Time	39.00
Creatinine Serum	45.00
BUN.....	44.00
B12	62.00
Electrolyte Panel.....	57.00
Troponin-I	80.00
Urinalysis - Dipstick Only	25.00
Urinalysis; Auto with Microscopy	35.00
Culture - Urine.....	87.00
PTT.....	66.00
TSH-High Sensitivity	120.00
TSH-Reflex	120.00
Magnesium	55.00
Gross & Micro / Level IV	290.00
Lipase	100.00
Potassium	42.00
Sensitivity.....	124.00
Venipuncture.....	30.00

Occupational Therapy Charges

Description	Charge
Activities of Daily Living Mobility - 15 Minutes	\$97.00
Aquatic Therapy Exercises Each 15 minutes.....	162.00
Dynamic Functional Activity - 15 Minutes	170.00
Fluidotherapy - Whirlpool Therapy	109.00
Joint Mobilization - 15 Minutes	166.00
Manual Therapy Each 15 Minutes.....	166.00
Massage Therapy -15 Minutes.....	120.00
Myofascial Release -15 Minutes	166.00
Occupational Therapy Evaluation.....	331.00
Occupational Therapy Re Evaluation	151.00
Paraffin - One Area -15 Minutes.....	101.00
Patient Education/Instruction - 15 Minutes	97.00
Sensory Integrative Techniques.....	85.00
Therapeutic Exercise - Limited - 15 Minutes	152.00
Therapeutic Procedure Group - 2 or More.....	48.00
Ultrasound Attended - 15 Minutes	141.00
Whirlpool Therapy.....	109.00

Operating Room Charges

Description	Charge
Eye Minor - 1st 15 Minutes	\$1,760.00
Eye Major - 1st 15 Minutes	3,164.00
Minor - 1st 15 Minutes.....	\$2,000.00
Intermediate - 1st 15 Minutes.....	3,500.00
Major - 1st 15 Minutes.....	4,000.00
Minor - Additional 15 Minutes.....	649.00
Intermediate - Additional 15 Minutes	752.00
Major - Additional 15 Minutes.....	994.00

Pain Management Charges

Description	Charge
Office/Outpatient Visit New Level 1	146.00

Office/Outpatient Visit New Level 2	171.00
Office/Outpatient Visit New Level 3	228.00
Office/Outpatient Visit New Level 4	265.00
Office/Outpatient Visit New Level 5	326.00
Office/Outpatient Visit Established Level 1	142.00
Office/Outpatient Visit Established Level 2	163.00
Office/Outpatient Visit Established Level 3	191.00
Office/Outpatient Visit Established Level 4	232.00
Office/Outpatient Visit Established Level 5	318.00
EMG – 1 Extremity	208.00
EMG – 2 Extremities	238.00
EMG – 3 Extremities	268.00
EMG – 4 Extremities	298.00
Motor and/or Nerve Conduction Test	105.00
Nerve Conduction Studies 1-2	177.00
Nerve Conduction Studies 3-4	404.00
Nerve Conduction Studies 5-6	483.00
Nerve Conduction Studies 7-8	638.00
Nerve Conduction Studies 9-10	770.00
Nerve Conduction Studies 11-12	905.00
Nerve Conduction Studies 13 or more	1001.00
Destroy Lumbar/Sacral Facet Joint	3,200.00
Destroy Lumbar/Sacral Joint each additional Facet Joint.....	2,200.00
Destroy Cervical/Thoracic Facet Joint.....	3,200.00
Inject Foramen Epidural Lumbar/Sacral Bilateral procedure.....	2,225.00
Inject Foramen Epidural Lumbar/Sacral	1,483.00
Inject Foramen Epidural ea. add' l level.....	1,170.00
Inject Paravertebral Facet Joint Lumbar/Sacral 1 Level Bilateral procedure..	2,649.00
Inject Paravertebral Facet Joint Lumbar/Sacral 2 Level Bilateral procedure..	1,539.00

Physical Therapy Charges

Description	Charge
Aquatic Therapy with Therapeutic Exercise - 15 Minutes	162.00

Dynamic Functional Activities - 15 Minutes	170.00
EMS - Electrical Stimulation - Unattended.....	106.00
Exercise-Therapeutic - 15 Minutes.....	152.00
Gait Training - 15 Minutes.....	127.00
Myofascial Release - 15 Minutes	166.00
Neuromuscular Re-Education - 15 Minutes.....	148.00
Patient Education Instruction - Additional 15 Minutes.....	97.00
Physical Therapy Evaluation	354.00
Physical Therapy Re-Evaluation	206.00
Physical Performance test - per 15 Minutes	149.00
Sports Performance Evaluation / Consult.....	146.00
Sports Performance Evaluation / Consult / Nutrition.....	208.00
Therapeutic Activities - Group - 15 Minutes.....	40.00
Therapeutic Activities - Includes Function Performance - 15 Minutes.....	143.00
Traction - Mechanical - Supervised.....	149.00
Traction-Manual Therapy - 15 Minutes.....	166.00
Ultrasound Therapy - 15 Minutes	141.00
Vasopneumatic Device Therapy 1 + areas.....	76.00
Whirlpool Therapy	88.00
Work Conditioning per hour.....	98.00

Radiology Charges

Description	Charge
X-Rays	
Abdomen and Posterior, Anterior Chest.....	\$589.00
Cervical 5 view/Oblique.....	692.00
Chest Posterior, Anterior and Lateral	475.00
Chest Posterior, Anterior Only.....	300.00
Portable Chest Posterior, Anterior Only	\$300.00
Cross Fire Abdomen	375.00
DexaScan	594.00
Foot, 3 views.....	472.00
Hand.....	469.00
X-Rays Continued	
Hip.....	350.00
Knee X-Ray, 1-2 views.....	382.00
Ankle.....	466.00
Lumbar Spine-AP & Lateral/Oblique, 4views.....	741.00
Mammography Diagnostic Bilateral.....	376.00
Mammography Screening Bilateral	156.00
Shoulder,	493.00

Upper GI Tract with Double Contrast	950.00
Wrist	491.00

CT Scans

CT Abdomen with Contrast	\$1,737.00
CT Angiography Chest with Contrast	2,100.00
CT Cervical without Contrast.....	1,682.00
CT Head without Contrast.....	1,400.00
CT Head with and without Contrast.....	1,800.00
CT Pelvis with Contrast	1,915.00
CT Thorax without Contrast	1,467.00
CT Thorax / Chest with Contrast	1,886.00
CT Stone Study.....	1,715.00

MRI

MRI Brain, with and without Contrast	\$1,832.00
MRI Brain, without Contrast	\$1,739.00
MRI Cervical Spine, Without Contrast	1,679.00
MRI Lower Extremity Joint Only without Contrast.....	1,533.00
MRI Lumbar Spine, Without Contrast.....	1,679.00
MRI Upper Extremity Joint Only without Contrast.....	1,575.00

Ultrasound

Ultrasound Abdominal/Complete.....	843.00
Ultrasound Abdominal/Limited	810.00
Ultrasound Pelvis/Complete	900.00
Ultrasound Renal/Limited/No Bladder	738.00
Ultrasound Renal and Bladder Complete	956.00
Ultrasound Thyroid and or Neck.....	871.00

Respiratory Therapy Charges

Description	Charge
Bronchoscopy with Local Anesthetic	\$1,017.00
Bronchoscopy with Sedation	1,899.00
Bronchodilator Response Pre and Post Dilator Administration	719.00

Nebulizer Therapy.....	90.00
Breathing Exercise Instruction.....	146.00
Cool Aerosol/Initial Treatment.....	180.00
EEG (Electroencephalogram) Awake & Asleep.....	1,300.00
EEG Extended Monitoring, 41-60 minutes.....	1,350.00
EKG Standard 12 Lead (initial).....	160.00
Holter Monitor up to 48 hours.....	700.00
Holter Analysis with report.....	500.00
Sputum Induction.....	146.00
Ventilator Assistance & Mgmt, Initial Day.....	840.00
Ventilator Subsequent Days.....	575.00
Infant Apnea Monitor management-Inpatient Only.....	114.00
CPAP Ventilation Initiation and Management.....	375.00
Arterial Puncture.....	139.00
Oximetry, Multiple Determinations.....	159.00
Oximetry, Single Determination.....	103.00
Spirometry.....	289.00
Nocturnal Oximetry Sat Study.....	313.00
Respiratory Medication.....	21.00
Inhalation Medication.....	4.00
Oxygen Daily.....	120.00

Sleep Lab Charges

Description	Charge
Sleep Study Unattended.....	630.00
Multi Sleep Latency Test / Maintenance of Wakefulness Testing.....	3,600.00
Sleep Polysomnography, w/4 +Parameters (limited study).....	3,600.00
Sleep Polysomnography w/4 + Parameters.....	5,300.00
Sleep Polysomnography w/ CPAP / BIPAP.....	5,700.00

Wound Care Charges

Description	Charge
Office/Outpatient Visit – New Patient – Level 1.....	\$299.00
Office/Outpatient Visit – New Patient – Level 2.....	389.00
Office/Outpatient Visit – New Patient – Level 3.....	511.00
Office/Outpatient Visit – New Patient – Level 4.....	678.00

Office/Outpatient Visit – New Patient – Level 5.....	927.00
Office/Outpatient Visit – Established Patient – Level 1.....	265.00
Office/Outpatient Visit – Established Patient – Level 2.....	350.00
Office/Outpatient Visit – Established Patient – Level 3.....	450.00
Office/Outpatient Visit – Established Patient – Level 4.....	511.00
Office/Outpatient Visit – Established Patient – Level 5.....	678.00
Hyperbaric Oxygen Therapy.....	2,200.00
Skin Substitute Graft Trunk/Arm/Leg.....	6,699.00
Skin Substitute Graft Face/Neck/Hand/Foot.....	4,500.00
Debridement, subcutaneous first 20 square cm or less.....	1,100.00
Debridement, subcutaneous each additional 20 square cm.....	1,232.00
Negative Pressure Wound Therapy less than or equal to 50 square cm.....	692.00
Negative Pressure Wound Therapy greater than 50 square cm.....	727.00
Selective Wound Debridement 20 square cm or less.....	594.00

Inpatient Room and Board Rates

Description	Charge
Intensive Care.....	1,615.00
Intermediate Care.....	1,295.00
Medical on ICU.....	1,107.00
Medical/Surgical (Morey Center).....	684.00
Nursery.....	481.00
Obstetrics.....	638.00
Telemetry (Morey Center).....	974.00

Observation Room Charges

Description	Charge
Intensive Care (per hour rate).....	67.29
Medical on ICU (per hour rate).....	46.12
Intermediate Care (per hour rate).....	53.95
Medical on Stepdown (per hour rate).....	40.58

Medical/Surgical Morey Center (per hour rate).....	28.50
Medical/Surgical Telemetry Morey Center (per hour rate).....	40.58
Obstetrics (per hour rate)	26.58

Average Total Charges (inclusive of all charges)

The 5 Most Common Inpatient Surgical Procedures

Total Abdominal Hysterectomy	\$24,183.40
Laparoscopic Cholecystectomy (Gallbladder removal).....	33,167.20
Closed Reduction Internal Fixation of Femur Fracture.....	30,048.00
Total Knee Replacement.....	34,537.57
Total Hip Replacement.....	41,298.94

The 5 Most Common Outpatient Surgical Procedures

Colonoscopy with Biopsy	\$3,798.96
Esophagogastroduodenoscopy (Upper GI Scope) With Biopsy.....	3,975.17
Colonoscopy	3,359.98
Colonoscopy with Polypectomy.....	4,503.57
Esophagogastroduodenoscopy (Upper GI Scope)	8,772.27