



**Usual & Customary Charges
Rates Effective July 1, 2017**

Level of Care	Semi-Private	Private
Routine Care	\$2,326	\$2,326
LTMU	\$1,803	
Psychiatric Care - Child & Adol	\$1,756	\$1,756
Psychiatric Care - Sr Beh Hlth	\$1,836	\$1,836
Stepdown Surgical	\$4,102	
Stepdown Cardiac	\$4,102	
Surgical ICU	\$8,372	
Med/Coronary ICU	\$8,372	

Emergency Department	
E/R Level 1	\$233
E/R Level 2	\$382
E/R Level 3	\$832
E/R Level 4	\$1,437
E/R Level 5	\$1,999

Radiology	
Abdomen Single	\$303
Abdomen Complete w/ CHS	\$558
Ankle 3 or More Views	\$316
Chest Single	\$253
Chest 2 Views	\$358
CT Abdomen Combo	\$2,490
CT Abdomen w/ Contrast	\$2,131
CT Head/Brain w/o Contrast	\$1,467
CT Pelvis w/ Contrast	\$2,140
Elbow 2 Views	\$254
Femur 2 Views	\$369
Foot 2 Views	\$286
Forearm 2 Views	\$292
Gallbladder Echo	\$716
Hand 2 Views	\$295
Hip 1 View	\$268
Knee AP/LAT	\$308
Knee Special Views	\$410
Digital Mammogram Screening	\$371
Digital Diag Mammogram Bilateral	\$341
Pelvis AP	\$276
Ribs	\$409
Shoulder 1 View	\$225
Shoulder Compl Min 2 Views	\$339
Spine Cerv 2 Views	\$493
Spine Cerv Complete	\$566
Spine L-S AP LAT	\$445
Tibia/Fibula 2 Views	\$331
Venous Study-Lower Both Extr	\$1,278
Wrist 2 Views	\$258

The following Hospital Price List is required by state law. These prices are the same for all patients however each patient's responsibility depends on his/her benefit plan. Finally, physician fees are excluded from this list and will be billed by your physician.

Operating Room	
OR Level 1 Set Up/1st 15 min	\$1,302
OR Level 2 Set Up/1st 15 min	\$2,186
OR Level 3 Set Up/1st 15 min	\$2,738
OR Level 1 Add'l 15 min	\$608
OR Level 2 Add'l 15 min	\$949
OR Level 3 Add'l 15 min	\$1,212

Physical Therapy	
Gait Training / 15 min	\$104
PT Eval Low Complexity	\$318
PT Eval Mod Complexity	\$340
PT Eval High Complexity	\$363
Ther Exercise/15 min	\$122
Ultrasound/15 min	\$102

Occupational Therapy	
Functional O.T/15 min	\$ 110
OT Eval Low Complexity	\$ 251
OT Eval Mod Complexity	\$ 295
OT Eval High Complexity	\$ 337

Respiratory Therapy	
Aerosol/MDI/IPPB Tx	\$151
Oxygen Ther Per Day	\$1,020

Laboratory	
Antibody Screen	\$102
Basic Metabolic Panel	\$125
Blood Type (ABO)	\$102
Blood Type (RH)	\$53
CBC w/ Auto Diff	\$109
CBC w/o Differential	\$98
Comp Metabolic Panel	\$175
Creatinine	\$64
Crossmatch-Major	\$248
Cyclosporin	\$196
Electrolytes	\$96
Glucoscan	\$45
Gram Stain	\$92
Hematocrit	\$50
Hemoglobin	\$45
Lipid Profile	\$176
Magnesium	\$86
Myoglobin, Serum	\$126
Pap Screening	\$145
Partial Thrombo Time (PTT)	\$64
Potassium	\$60
Prothrombin Time (PT)	\$66
Rapid Plasma Reagin	\$84
Sensitivity Bacteria	\$94
Thyroxine	\$117
Tropinin-1	\$96
TSH	\$172
Urinalysis	\$41
Urine Culture	\$81
Venipuncture	\$30