



Patient Price Information List

In compliance with state law, Allen Community Hospital is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospital's charges are the same for all patients, but a patient's responsibility may vary, depending on payment plans negotiated with individual health insurers. Uninsured or underinsured patients should consult with our admitting and billing staff to determine whether they qualify for discounts. These prices are correct as of January 1, 2010.

Room and Board -- Per Day Charges

	Charges
Intensive care	\$2,005.63
Intensive care Intermediate	\$1,445.86
Med Surg	\$1,063.56

Labor and Delivery Charges

The following list does not include charges for anesthesia, drugs, or supplies required for a particular delivery room procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.

Charges

These services are not provided at Allen Community Hospital

Emergency Department Charges

Emergency Department charges are based on the level of emergency care provided to our patients. The levels, with level 1 representing basic emergency care, reflect the type of accommodations needed, the personnel resources, the intensity of care and the amount of time needed to provide treatment. The following charges do not include fees for drugs, supplies or additional ancillary procedures that may be required for a particular emergency treatment. They also do not include fees for Emergency Department physicians, who will bill separately for their services.

Level 1	\$142.98
Level 2	\$284.53
Level 3	\$574.69
Level 4	\$880.44
Level 5	\$1,225.82
Critical care	\$1,531.56

Operating Room Charges

Operating Room charges are based on the complexity level, with level 1 being the most basic, for a particular operation. There is an initial, set-up charge as well as an additional charge for each minute while the operation is being performed.

OR 1/2 Hr Standard	\$2,296.49
OR 1 Hr Standard	\$3,138.52
OR 1 1/2 Hrs Standard	\$3,827.46
OR 2 Hrs Standard	\$4,363.31
OR 2 1/2 Hrs Standard	\$5,664.63
OR 3 Hrs Standard	\$6,889.44
OR 3 1/2 Hrs Standard	\$7,195.63
OR 4 Hrs Standard	\$8,803.13
OR 4 1/2 Hrs Standard	\$9,369.59
OR 5 Hrs Standard	\$10,072.30
OR 5 1/2 Hrs Standard	\$12,094.74
OR 6 Hrs Standard	\$12,211.09
OR 6 1/2 Hrs Standard	\$12,324.40
OR 7 Hrs Standard	\$12,648.96
OR 7 1/2 Hrs Standard	\$13,585.90
OR 8 Hrs Standard	\$14,467.76

Physical Therapy Charges

The following charges reflect the most common services offered by our Physical Therapy department. Patients may have additional charges, depending on the services performed.

E-Stim Unattended	\$30.63
Evaluation Physical Therapy	\$229.66
Group Physical Therapy	\$45.18
Massage Ec 15 Min	\$84.21
Therapeutic Activities Each 15 min	\$84.21
Therapeutic Exercise Ec 15 Min	\$84.21
Ultrasound Ec 15 Min	\$99.52

Occupational Therapy Charges

The following charges reflect the most common services offered by our Occupational Therapy department. Patients may have additional charges, depending on the services performed.

Occ Therapy Eval	\$267.94
Therapeutic Activities Each 15	\$114.85
ADL Training (15 Min)	\$114.85
OT Therapeutic Ex (15 Min)	\$114.85

Pulmonary Therapy Charges

The following charges reflect the most common services offered by our Pulmonary Therapy department. Patients may have additional charges, depending on the services performed.

Oximetry	\$73.50
ABG Analysis	\$217.68
Aerosol / SVN Initial	\$59.33
Small Vol Nebul	\$62.77

X-Ray and Radiological Charges

The following charges reflect the hospital's 30 most common x-ray and radiological procedures.

Abd Flat & Upright W/1Vw Chest	\$ 386.85
Abdomen Complete	\$ 650.98
Abdomen Single Ap View	\$ 191.38
Ankle Routine Comp - Lt Min 3	\$ 200.01
Bone Density Dxa Axial Skeleto	\$ 459.32
Chest 2 Views Pa & Lateral	\$ 228.32
Chest One View-Pa Or Ap	\$ 188.52
CT Abd W/Out Contrast	\$ 1,693.07
CT Abdomen Combined	\$ 2,176.77
CT Brain W/Out Contrast	\$ 1,340.02
CT Pelvis Combined	\$ 1,644.36
CT Pelvis W/Out Contrast	\$ 1,264.51
Digitation Screening Mammogram	\$ 50.75
Extrem Low Ankle 3 Vw Rt	\$ 200.01
Extrem Low Foot 3 Vw Rt	\$ 200.01
Extrem Up Shoulder 2/More Rt	\$ 303.17
Foot Routine Comp-Lt Min 3 Vie	\$ 200.01
Hand Minimum 3 Views-Lt	\$ 199.04
Hand Minimum 3 Views-Rt	\$ 199.04
Hip Two Views-Lt	\$ 286.32
Hip Two Views-Rt	\$ 286.32
Knee Complete-Lt W/Upr Or Sky	\$ 324.92
Knee Complete-Rt W/Upr Or Sky	\$ 324.92
Mammography Screening Bil 2 Vi	\$ 229.66
Pelvic Echo-Non Ob Complete	\$ 609.49
Shoulder 2+ Views-Lt	\$ 303.17
Spine Cervical Min 4 Views	\$ 324.38
Spine Lumbosacral Min 4 Views	\$ 416.90
Transvaginal Echo	\$ 498.09
Wrist Complete-Lt Min 3 Views	\$ 199.04

Laboratory Charges

The following charges reflect the hospital's 30 most common laboratory procedures.

Aerobic Organism Id Each	\$46.30
Amylase Serum	\$94.27
Antibiotic Sensitivity Testing	\$100.67
Basic Metabolic Panel	\$123.36
Blood Culture	\$153.50
Cbc With Differential	\$130.03
Cbc With Platelet	\$80.87
CK	\$39.49
Comprehensive Metabolic Panel	\$215.88
Culture Strep Group A	\$76.03
Cytology Autocyte W/Reflex	\$176.98
Hemoglobin A1C	\$103.43
Lipase	\$114.68
Lipid Profile	\$193.79
Liver Profile	\$107.95
Manual Differential	\$43.70
Myoglobin	\$121.12
Particle Agglutination Ea Ab	\$82.83
Pregnancy Test Urine	\$49.24
Psa Total Screening	\$148.09
PT	\$71.19
PTT	\$28.56
Single Dau Component	\$51.00
Strep Screen Rapid	\$64.13
Troponin - I	\$139.56
Tsh Ultrasensitive	\$198.27
Ua/Micro	\$98.38
Urinalysis	\$60.05
Urine Culture Colony Count	\$113.80
Venipuncture	\$20.70

Hospital Billing Policies

Billing Information

Mercy Health Partners billing and collection policies are consistent with our mission and values. When you receive a bill from Mercy, it covers the services you received at one of our healthcare delivery facilities. You may receive separate bills from your personal physician, surgeon, pathologist or other healthcare professional.

To make a payment by telephone or to speak with a customer service representative, please call 419-251-4147 or 1-888-811-4147. You may do the following by telephone:

- Make a payment on your account using a credit card.
- Request an itemized statement.
- Provide insurance information.
- Update your address and telephone number.
- Obtain information on our financial assistance programs and more.

If you have specific questions about your account, our Customer Service Representatives are available Monday through Friday, 8:30 a.m. to 12:30 p.m. and 1:30 p.m. to 4:20 p.m. Spanish speaking representatives are also available.

We repeatedly offer patients access to financial help during their hospital stay and after, as well as with each billing notice. We do not charge interest to patients on their bills. We send bills to collection as a last resort, only:

- When patients have the ability to pay some portion of their healthcare expenses but refuse to do so
- When patients refuse to work with us to determine if they qualify for free or discounted care via federal, state, local or hospital assistance programs
- When we are unable to locate the patient or the person responsible for the bill



The Consumer's Guide to
Quality Health Care
in Ohio

Consumers can access a number of government and private Websites, which provide additional information on hospitals' charges and quality. For a complete listing of available online resources, please visit the [Consumer's Guide to Quality Health Care in Ohio](http://www.ohanet.org/portal) at www.ohanet.org/portal.