



## 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, 2009.

### Room and Board -- Per Day Charges

	Charges
Intensive care	\$1,892.10
Med Surg Telemetry	\$1,003.36
Med Surg Intermediate Care	\$ 1,280.77

### 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.*

	Charges
Level 1	\$134.89
Level 2	\$268.42
Level 3	\$542.16
Level 4	\$830.60
Level 5	\$1,156.43
Critical care	\$1,444.87

## 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	\$2,166.50
OR 1 Hr Standard	\$2,960.87
OR 1 1/2 Hrs Standard	\$3,610.81
OR 2 Hrs Standard	\$4,116.33
OR 2 1/2 Hrs Standard	\$5,343.99
OR 3 Hrs Standard	\$6,499.47
OR 3 1/2 Hrs Standard	\$6,788.33
OR 4 Hrs Standard	\$8,304.84
OR 4 1/2 Hrs Standard	\$8,839.24
OR 5 Hrs Standard	\$9,502.17
OR 5 1/2 Hrs Standard	\$11,410.13
OR 6 Hrs Standard	\$11,519.90
OR 6 1/2 Hrs Standard	\$11,626.79
OR 7 Hrs Standard	\$11,932.98
OR 7 1/2 Hrs Standard	\$12,816.89
OR 8 Hrs Standard	\$13,648.83

## 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.*

Therapeutic Activities Each 15 min	\$79.44
Hot/Cold Pack	\$49.98
Ultrasound Ec 15 Min	\$93.89
Estim Unattended	\$28.90
Evaluation Physical Therapy	\$216.66
Therapeutic Exercise Ec 15 Min	\$79.44
Orthotic Fab/Instr Ec 15 Min	\$43.34
Group Physical Therapy	\$42.62
Massage Ec 15 Min	\$79.44

## 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	\$252.77
Therapeutic Activities Each 15	\$108.35
Adl Training (15 Min)	\$108.35
O T Therapeutic Ex (15 Min)	\$108.35

## 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	\$69.34
Abg Analysis	\$205.36
Aerosol / Svn Initial	\$55.97
Small Vol Nebul	\$59.22

## X-Ray and Radiological Charges

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

Chest 2 Views Pa & Lateral	\$ 215.40
Digitation Screening Mammogram	\$ 47.88
Mammography Screening Bil 2 Vi	\$ 216.66
Chest One View-Pa Or Ap	\$ 177.85
Ct-Scan Head W/O	\$ 1,264.17
Abdomen Single Ap View	\$ 180.55
Ct Pelvis Without Contrast	\$ 1,192.93
Ct-Scan-Abdomen	\$ 1,597.24
Spine Lumbosacral Min 4 Views	\$ 393.30
Ct-Scan-Abdomen Com	\$ 2,053.56
Ct-Scan-Pelvis Com	\$ 1,551.28
Knee Complete-Rt W/Upr Or Sky	\$ 306.53
Spine Cervical Min 4 Views	\$ 306.02
Knee Complete-Lt W/Upr Or Sky	\$ 306.53
Foot Routine Comp-Rt Min 3 Vie	\$ 188.69
Foot Routine Comp-Lt Min 3 Vie	\$ 188.69
Extrem Up Shoulder 2/More Rt	\$ 286.01
Bone Density Dxa Axial Skeleto	\$ 433.32
Ankle Routine Comp -Rt Min 3 V	\$ 188.69
Ankle Routine Comp - Lt Min 3	\$ 188.69
Hand Minimum 3 Views-Rt	\$ 187.77
Pelvic Echo-Non Ob Complete	\$ 574.99
Shoulder 2+ Views-Lt	\$ 286.01
Transvaginal Echo	\$ 469.90
Hip Two Views-Rt	\$ 270.11
Hand Minimum 3 Views-Lt	\$ 187.77
Abdomen Complete	\$ 614.13
Hip Two Views-Lt	\$ 270.11
Digitation Diag Mammogram	\$ 47.88
Wrist Complete Rt Min 3 Views	\$ 187.77

## Laboratory Charges

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

Venipuncture	\$	19.53
CBC With Platelet	\$	76.29
Manual Differential	\$	41.23
Comprehensive Metabolic Panel	\$	203.66
Basic Metabolic Panel	\$	116.38
PT	\$	67.16
Lipid Profile	\$	182.82
Cbc With Differential	\$	122.67
Tsh Ultrasensitive	\$	187.05
Ua/Micro	\$	92.81
Single Dau Component	\$	48.11
Hemoglobin A1C	\$	97.58
Urine Culture Colony Count	\$	107.36
Troponin - I	\$	131.66
CK	\$	37.25
Myoglobin	\$	114.26
Urinalysis	\$	56.65
Cytology Autocyte W/Reflex	\$	166.96
Pregnancy Test Urine	\$	46.45
PTT	\$	26.94
Aerobic Organism Id Each	\$	43.68
Antibiotic Sensitivity Testing	\$	94.97
Psa Total Screening	\$	139.71
Strep Screen Rapid	\$	60.50
Blood Culture	\$	144.81
Amylase Serum	\$	88.93
Lipase	\$	108.19
Chlamydia Trachomat Amplif Prb	\$	96.69
Gc Dna Probe	\$	96.69
Btntp Pro	\$	235.69

## 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



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](http://www.ohanet.org/portal).