



Patient Price Information List

In compliance with state law, Mercy Memorial 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
Telemetry Room	\$ 1,330.00
Special Care Room	\$ 1,455.00
Routine Care	\$ 732.00

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.

Obstetric Services are not available at this facility.

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	\$ 212.00
Level 2	\$ 349.80
Level 3	\$ 524.70
Level 4	\$ 726.10
Level 5	\$ 1,213.70
Critical care	\$ 1,878.32

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 a charge for each minute while the operation is being performed.

	Per Minute Charge
Level 1	\$ 50.37
Level 2	\$ 50.37
Level 3	\$ 50.37
Level 4	\$ 50.37

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.

	Charges
Therapeutic Exercises 15 Min	\$ 87.60
Ultrasound 15 Min	\$ 112.23
PT Evaluation	\$ 210.78
Aquatic Therapy 15 Min	\$ 95.26
Gait Training 15 Min	\$ 73.36

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.

	Charges
Therapeutic Activities Group	\$ 63.50
Therapeutic Exercises 15 Min	\$ 87.60
OT Evaluation	\$ 200.38
Self Care/Home Training 15 Min	\$ 64.61
Orthotic WO Joints Custom	\$ 225.78

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.

	Charges
Inhalation Treatment	\$ 54.75
NonInvasive Oximetry Single	\$ 78.00
Demo/Eval Inhalation Device	\$ 88.84
Blood Gas Any Combination With Dir O2 Sat	\$ 147.00

X-Ray and Radiological Charges

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

	Charges
CT Abdomen, No Contrast	\$1,547.21
CT Abdomen, With Contrast	\$1,788.65
CT Head/Brain, No Contrast	\$1,012.86
CT Head/Brain, With Contrast	\$1,212.14
CT Pelvis, No Contrast	\$1,547.21
CT Pelvis, With Contrast	\$1,731.16
CT Thorax/Chest, With Contrast	\$1,728.43
Duplex Extremity Veins, One Side	\$ 538.48
MRI Lumbar Spine, No Contrast	\$2,453.31
Nuclear Med, Myocardial Perfusion EF	\$ 176.84
Nuclear Med, Myocardial Perfusion Wall Motion	\$ 176.84
Nuclear Med, Spect Myocardial Perfusion, Mult	\$1,142.07
Ultrasound Retroperitoneal Complete	\$ 340.00
Ultrasound, Abdominal, Limited	\$ 340.00
Ultrasound, Pelvic, Non-OB, Complete	\$ 344.37
X-ray, Abdomen, 1V	\$ 165.89
X-ray, Abdomen, Complete	\$ 306.59
X-ray, Ankle, Complete, 3V, One Side	\$ 225.02
X-ray, Cervical Spine, 4V	\$ 202.58
X-ray, Chest, 2 Views	\$ 164.80
X-ray, Chest, Single View	\$ 116.07
X-ray, Foot, Complete, 3V, One Side	\$ 225.02
X-ray, Hand, 3V, One Side	\$ 225.02
X-ray, Hip, Complete, 2V, One Side	\$ 261.15
X-ray, Knee, 1V or 2V, One Side	\$ 258.96
X-ray, Lumbosacral Spine 2V or 3V	\$ 290.18
X-ray, Pelvis 1V or 2V	\$ 225.02
X-ray, Shoulder, Complete 2V, One Side	\$ 258.96
X-ray, Wrist, Complete, 3V, One Side	\$ 225.02

Laboratory Charges

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

	Charges
Amylase	\$ 83.00
Basic Metabolic Panel	\$ 150.00
Bilirubin Direct	\$ 42.71
CBC with Differential	\$ 71.72
CBC, without Differential	\$ 60.00
Collect Venous Blood	\$ 10.00
Comprehensive Metabolic Panel	\$ 218.50
Creatine Kinase MB Fraction Only	\$ 105.00
Creatine Kinase Total	\$ 73.00
Creatinine Blood	\$ 31.20
Culture, Blood	\$ 98.55

Culture, Urine	\$ 93.00
Drug Screen, Single Class, Ea	\$ 9.31
Hemoglobin	\$ 30.66
Hemoglobin Glycosylated A1c (HgbA1C)	\$ 96.91
Lipid Panel	\$ 141.00
Magnesium	\$ 73.70
Natriuretic Peptid (BNP)	\$ 153.10
Phosphorus, Inorganic	\$ 42.00
Prothrombin Time (PT)	\$ 35.04
PTT Plasma or Whole Blood	\$ 80.00
Sed Rate	\$ 52.00
Thyroid Stimulating Hormone (TSH)	\$ 81.03
Thyroxine Free	\$ 103.90
Troponin	\$ 90.88
Urea, Nitrogen, Blood (BUN)	\$ 54.50
Urinalysis	\$ 44.89
Urine Pregnancy	\$ 92.00

Hospital Billing Policies

CMHP billing and collection policies are consistent with our mission and values. When you receive a bill from CMHP, 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.

If you have specific questions about your account, our Customer Service Representatives are available Monday through Friday, 8:00 a.m. to 4:30 p.m. at (937) 328-7000 or toll free (800) 991-4210. You may leave a voicemail message after hours. Messages are retrieved the next business day. 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](#) at www.ohanet.org/portal.