



**SPRINGFIELD
REGIONAL
Medical Center**

Patient Price Information List

In compliance with state law, Springfield Regional Medical Center 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	\$ 1,542.00
Telemetry care	\$ 1,391.00
Nursery/Newborn Without Complications	\$895.00
Oncology	\$ 688.00
Routine care	\$ 688.00
Labor & Delivery (OB/Maternity)	\$ 688.00

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.

	Charges
Normal Delivery	\$ 2,923.48
Cesarean Section Base Charge	\$ 822.56
Cesarean Section Delivery per minute	\$ 51.94
Amniocentesis	\$ 223.00
Fetal Monitor	\$ 487.60

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	\$ 1,537.00

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.

	Set-Up Charge	Additional Per Minute Charge
Level 1	\$ 504.00	\$ 50.00
Level 2	\$ 645.00	\$ 52.00
Level 3	\$ 893.00	\$ 54.00
Level 4	\$ 1,051.00	\$ 59.00
Cardiac	\$ 1,545.00	\$ 67.00

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 Exercise 15 Min	\$ 84.00
Gait Training 15 Min	\$ 84.00
PT Evaluation	\$ 269.00
PT Re-Evaluation 30 Min	\$ 134.00
Aquatic Therapy 15 Min	\$ 98.00
Ultrasound 15 Min	\$ 105.88

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
Self Care/Home Training 15 Min	\$ 84.00
Therapeutic Exercise 15 Min	\$ 84.00
Therapeutic Activities Group	\$ 84.00
OT Evaluation	\$ 269.00
OT Re-Evaluation 30 Min	\$ 134.00

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
Evaluation/Demo Inhalation Device	\$ 88.84
Blood Gas With Direct O2 Saturation	\$ 147.00
Spirometry	\$ 181.00

X-Ray and Radiological Charges

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

	Charges
CT Abdomen, No Contrast	\$ 1,585.76
CT Abdomen, With Contrast	\$ 1,825.32
CT Chest, No Contrast	\$ 1,550.78
CT Chest, With Contrast	\$ 1,751.12
CT Head/Brain, No Contrast	\$ 1,550.78
CT Head/Brain, With Contrast	\$ 1,751.12
CT Pelvis, No Contrast	\$ 1,585.76
CT Pelvis, With Contrast	\$ 1,825.32
MRI, Brain, Without Followed by With Contrast	\$ 3,254.47
MRI, Lumbar Spine Without Contrast	\$ 2,583.22
Nuclear Med, Myocardial Perfusion Wall Motion	\$ 514.00
Nuclear Med, Spect Myocardial Perfusion, Mult	\$ 2,082.00
Ultrasound, Abdomen, Limited	\$ 517.00
X-ray, Abdomen, 1V	\$ 156.50
X-ray, Abdomen, Complete	\$ 418.00
X-ray, Ankle, Complete, 3V, One Side	\$ 212.28
X-ray, Cervical Spine 4V	\$ 385.00
X-ray, Chest, 2 Views	\$ 298.92
X-ray, Chest, Single View	\$ 152.64
X-ray, Foot, Complete 3V, One Side	\$ 267.12
X-ray, Hand, 3V, One Side	\$ 252.00
X-ray, Hip, 2V, One Side	\$ 252.00
X-ray, Knee, 1V or 2V, One Side	\$ 267.12
X-ray, Lumbosacral Spine, 2V or 3V	\$ 297.00
X-ray, Pelvis, 1V or 2V	\$ 231.00
X-ray, Shoulder, Complete 2V, One Side	\$ 264.50
X-ray, Upper GI, Air Contrast with Small Bowel	\$ 603.00

Laboratory Charges

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

	Charges
Amylase	\$ 87.98
Basic Metabolic Panel	\$ 213.50
Bilirubin, Direct	\$ 42.71
Blood Typing, RH D, ABO	\$ 27.92
Blood, Urea, Nitrogen (BUN)	\$ 31.30
CBC, No Differential	\$ 63.60
CBC, With Differential	\$ 85.86
Collect Venous Blood	\$ 10.00
Comprehensive Metabolic Panel	\$ 180.00
Creatine Kinase Total	\$ 73.00
Creatinine, Blood	\$ 31.20
Drug Screen, Single Drug	\$ 41.90
Electrolyte Panel	\$ 120.80
Hematocrit (Hct)	\$ 32.00
Hemoglobin (Hgb)	\$ 30.66
Hepatic/Liver Function Panel	\$ 88.00
Lipase	\$ 81.00
Lipid Panel	\$ 146.00
Magnesium	\$ 73.70
Natriuretic Peptide (BNP)	\$ 153.10
Prothrombin Time (PT)	\$ 68.00
PTT Plasma or Whole Blood	\$ 80.00
Sed Rate	\$ 55.12
Thyroid Stimulating Hormone (TSH)	\$ 126.10
Troponin	\$ 124.55
Urinalysis Auto W Micro	\$ 34.45

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



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.