



## Patient Price Information List

In compliance with state law, **Defiance Mercy 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	
Acute	\$1,175.84
Stepdown	\$1,126.43
Routine care	
Private	\$751.82
Semi-Private	\$751.82

### 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	\$173.44
Level 2	\$247.75
Level 3	\$303.50
Level 4	\$495.51
Level 5	\$557.45
Critical care	\$1,114.90

## Operating Room Charges

Operating Room charges are based on the complexity level, with level 1 being the most basic.

Level 1	1,860.02
Level 2	2,289.25
Level 3	2,907.08
Level 4	3,375.35
Level 5	3,563.94
Level 6	4,058.21
Level 7	4,435.43
Level 8	4,643.54
Level 9	5,410.95
Level 10	6,222.59
Level 11	7,155.98

## 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.

PT Evaluation	\$96.26
PT Re-Evaluation	\$62.44
PT Therapeutic Exercise per 15 minutes	\$67.65
PT Gait per 15 minutes	\$66.35

## 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.

OT Evaluation	\$96.26
OT Therapeutic Exercise per 15 minutes	\$67.65
OT Activities of Daily Living	\$55.94

## 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.

Inhalation Treatment	\$61.14
Mechanical Ventilation Initial	\$653.94
Mechanical Ventilation Subsequent	\$475.28

## 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	\$206.83
Abd Ultrasound Limited	\$301.77
Abd W/Wo Contrast Media-1 View	\$122.27
Abd. Without Chest	\$162.60
Chest - 2 Views	\$126.18
Chest Single View	\$107.97
Cholangiography Op Or Post Op	\$261.46
CT Abd W/Out Contrast	\$1,183.65
CT Abd With Contrast	\$1,386.56
CT Brain W/Out Contrast	\$1,014.56
CT Cervical Spine W/Out Cont	\$1,182.36
CT Chest W/Out Contrast	\$1,149.82
CT Chest With Contrast	\$1,285.10
CT Facial Bones W/Out Contrast	\$1,082.19
CT Lumbar And/Or Sacrum W/Out	\$1,182.36
CT Pelvis W/Out Contrast	\$988.55
CT Pelvis With Contrast	\$1,123.82
Dorsal Spine 3 Views Routine	\$161.30
Extrem Low Ankle 3 Vw	\$122.27
Extrem Low Foot 3 Vw	\$122.27
Extrem Low Knee 3 Vw	\$139.19
Extrem Nonvasc Echography	\$390.22
Extrem Up Hand 3 Vw	\$130.07
Extrem Up Shoulder 2/More	\$153.50
Extrem Up Wrist 3 Vw	\$122.27
Hip Unilat 2 Or More Vws	\$143.08
Lumbar Spine 3 Vws	\$165.20
Mri Brain W & W/O Contrast	\$2,976.02
Pelvis 1 Or 2 Vws	\$131.39
Spine Cervical 2 Vws	\$148.28

## Laboratory Charges

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

Amylase	\$35.13
Antibiotic Sensitivity Testing	\$49.44
Basic Metabolic Panel	\$55.94
Blood Culture	\$83.25
Cbc With Auto Differential	\$39.03
CK MB Fraction	\$57.90
Compatib Test Immediate Spin	\$68.95
Comprehensive Metab Panel	\$78.05
CPK	\$36.42
Drug Screen Single Drug Class	\$7.81
Glucose Blood By Monitor Devc	\$19.53
Hematocrit	\$28.62
Hemoglobin	\$31.22
Immunoperoxidase Stain	\$158.43
Influenza A/B - Oia	\$52.04
Leuko Reduc Rbc	\$520.29
Lipase	\$55.94
Liver Profile	\$55.94
Magnesium	\$39.03
Myoglobin	\$97.55
Natriuretic Peptide	\$114.47
Potassium	\$33.82
PT	\$33.82
PTT	\$37.74
Surgical Pathology Level Iv	\$303.08
Troponin - I	\$117.08
TSH	\$97.55
Urinalysis W/ Micro	\$19.53
Urine Culture Colony Count	\$49.44
Venipuncture	\$14.32

## 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 as
- 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](http://www.ohanet.org/portal).