



Patient Price Information List

In compliance with state law, **St. Vincent Mercy Medical Center and Mercy Children's 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
Coronary care	
Acute	\$8,311.04
Stepdown	\$4,636.09
Intensive care	
Acute	\$4,636.09
Stepdown	\$2,374.58
Nursery	\$731.23
Pediatrics	
Routine	\$1,017.68
ICU	\$4,636.09
Oncology	\$1,017.68
Psychiatric care	\$1,170.33
Routine care	\$1,017.68

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	\$2,210.56
Cesarean Section Delivery	\$4,219.75

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	\$242.99
Level 2	\$303.74
Level 3	\$859.47
Level 4	\$1,477.08
Level 5	\$1,569.33
Trauma Priority	\$6,278.44
Critical care	\$3,226.41

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 15 minutes while the operation is being performed.

	Set-Up Charge	Additional 15-Minute Charge
Level 1	\$906.72	\$559.11
Level 2	\$1,217.21	\$854.97
Level 3	\$1,742.57	\$1,272.34
Level 4	\$1,966.44	\$1,450.08
Level 5	\$2,777.54	\$2,210.56
Level 6	\$3,851.89	\$3,058.78
Level 7	\$11,386.91	\$3,066.66

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	\$311.62
PT Re-Evaluation	\$165.37
PT Group Therapy	\$73.12
PT Therapeutic Exercise per 15 minutes	\$117.00
PT Manual Therapy per 15 minutes	\$110.25

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	\$223.87
OT Re-Evaluation	\$132.75
OT Group Therapy	\$48.37
OT Therapeutic Exercise per 15 minutes	\$77.62
Activities of Daily Living	\$83.25

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	\$94.50
Intrapulmonary Percussion	\$133.87
Mechanical Ventilation initial	\$654.73
Mechanical Ventilation subsq	\$475.86

X-Ray and Radiological Charges

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

Chest Single View	\$410.61
Chest - 2 Views	\$410.61
CT Brain W/Out Contrast	\$1,659.33
CT Pelvis With Contrast	\$2,324.18
CT Abd With Contrast	\$2,324.18
Mammogram Digital Screen Bilat	\$532.11
Digitation Screening Mammogram	\$86.62
CT Chest With Contrast	\$2,324.18
CT Cervical Spine W/OUT Cont	\$1,659.33
Abd Flat & Upright W/1Vw Chest	\$712.10
Lumbar Spine 3 Vws	\$410.61
Spect Stress/Redist Myocard	\$3,137.53
Abd W/Wo Contrast Media-1 View	\$410.61
CT Pelvis W/Out Contrast	\$1,659.33
CT Abd W/Out Contrast	\$1,659.33
Renal/Kidney Echo	\$512.98
Pelvis 1 Or 2 Vws	\$410.61
Dorsal Spine 3 Views Routine	\$410.61
Extrem Up Hand 3 Vw	\$410.61
Spine Sacrum And/Or Coccyx	\$410.61
MRI Brain W & W/O Contrast	\$3,263.53
Abd Urasond Limited	\$389.24
Cervical Spine 3 Views	\$410.61
Extrem Low Ankle 3 Vw	\$410.61
MRI Brain Wo CTrst	\$3,090.28
Transvaginal Echo	\$439.86
Extrem Low Foot 3 Vw	\$410.61
Cervical Spine 1 Vw	\$410.61
Extrem Low Knee 3 Vw	\$410.61
Extrem Up Shoulder 2/More	\$410.61

Laboratory Charges

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

Pap Thin Prep Screen Automated	\$96.98
Single Dau Component	\$40.17
Surgical Pathology Gross/Micro	\$256.83
Mutation Amplification By Ola	\$13.82
Urine Culture Colony Count	\$108.23
Chlamydia Trachomat Amplif Prb	\$115.54
Neisseria Gonorrhoe Amplif Prb	\$136.92
Flow Cytometry Ea Addl Marker	\$194.62
Cbc With Auto Differential	\$87.64
PT Home	\$44.44
DNA Multiplex Amp For Cf	\$24.47
Lipid Profile	\$111.37
Thyroid Stimulating Hormone	\$95.62
Particle Agglutination Ea Ab	\$143.94
Pap Thin Prep Diag Automated	\$96.98
Immunoperoxidase Stain	\$263.92
Sensitivity Antibiotic	\$110.70
Culture Genital Limited	\$133.15
Comprehensive Metabolic Panel	\$120.00
Urinalysis	\$67.53
HPV High Or Low Risk	\$147.37
Creatinine	\$55.58
Prothrombin Time	\$44.44
Inf Agnt Mult Nuc Acd Dir Ea	\$135.41
Cbc With Auto Differential	\$72.79
Basic Metabolic Panel	\$105.52
Glycosylated Hemoglobin	\$94.87
Urea Nitrogen	\$51.98
B12	\$91.92
Aerobic Organism Id Each	\$125.51

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 hosp.*
- *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.