



Patient Price Information List

In compliance with state law, **St. Charles 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
Coronary care	
Acute	\$2,213.56
Stepdown	\$1,333.81
Intensive care	
Acute	\$2,213.56
Stepdown	\$1,333.81
Nursery	\$730.34
Oncology	\$1,333.81
Psychiatric care	\$2,338.42
Routine care	\$794.61

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	\$2,207.87
Cesarean Section Delivery	\$4,214.62

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	\$242.70
Level 2	\$303.37
Level 3	\$858.43
Level 4	\$1,475.29
Level 5	\$1,567.42
Critical care	\$3,222.48

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	\$2,076.41	\$1,282.03
Level 2	\$2,157.31	\$1,514.61
Level 3	\$2,285.40	\$1,667.42
Level 4	\$2,550.57	\$1,874.16
Level 5	\$3,591.03	\$2,319.11

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	\$311.24
PT Re-evaluation	\$165.17
PT Gait per 15 minutes	\$103.37
PT Therapeutic Exercise per 15 minutes	\$116.85
PT Therapeutic Activity per 15 minutes	\$124.72

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	\$223.60
OT Re-Evaluation	\$132.58
Develop Cognitive Skills 15Min	\$69.66
OT Therapeutic Exercise per 15 minutes	\$77.53
Activities of Daily Living	\$83.15

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	\$94.38
Pulse Oximetry Spot Check	\$19.10
Arterial Blood Gases	\$311.24
Mechanical Ventilation initial	\$653.94
Mechanical Ventilation subsq	\$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	\$711.24
Abd W/Wo Contrast Media-1 View	\$410.11
Breast(S) Ultrasound	\$371.91
Cervical Spine 3 Views	\$410.11
Chest - 2 Views	\$410.11
Chest Single View	\$410.11
CT 3D Reconstruction	\$838.21
CT Abd W/Out Contrast	\$1,657.31
CT Abd With Contrast	\$2,321.36
CT Brain W/Out Contrast	\$1,657.31
CT Pelvis W/Out Contrast	\$1,657.31
CT Pelvis With Contrast	\$2,321.36
Dexa Scan (Hip&Spine)	\$452.81
Extrem Low Ankle 3 Vw	\$410.11
Extrem Low Foot 3 Vw	\$410.11
Extrem Low Knee 3 Vw	\$410.11
Extrem Up Hand 3 Vw Rt	\$410.11
Gall Bladder Echo	\$584.27
Hip Unilat 2 Or More Vws Rt	\$410.11
Lumbar Spine 3 Vws	\$410.11
Mammogram Digital Diag Bilat	\$522.47
Mammogram Digital Diag Unilat	\$423.60
Digitation Diag Mammogram	\$86.52
Mammogram Digital Screen Bilat	\$531.46
Digitation Screening Mammogram	\$86.52
MRI Brain W & W/O Contrast	\$3,259.56
MRI Lumbar Spine Wo CTst	\$3,086.53
Pelvis 1 Or 2 Vws	\$410.11
Renal/Kidney Echo	\$768.54
Spect Rest/Redist Myocard Perf	\$3,133.72

Laboratory Charges

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

Venipuncture	\$24.00
Glucose Point Of Care	\$51.12
CBC With Auto Differential	\$151.92
CBC	\$133.04
Creatinine	\$55.51
PT	\$77.20
BUN	\$89.10
Basic Metabolic Panel	\$267.09
Electrolytes	\$155.62
Glucose	\$86.52
Single Dau Component	\$40.12
Lipid Profile	\$203.27
Troponin - I	\$180.23
Myoglobin	\$214.95
Urinalysis W/ Micro	\$67.53
Liver Profile	\$134.39
PTT	\$116.41
TSH	\$239.78
Comprehensive Metab Panel	\$317.65
Manual Differential Wbc Count	\$66.85
Magnesium	\$118.66
Urine Culture Colony Count	\$108.10
Blood Culture	\$162.14
Glycosylated Hemoglobin	\$94.87
Free T4	\$150.12
Lipase	\$143.26
Urinalysis W/O Microscopy	\$40.12
Amylase	\$133.38
Surgical Pathology Level Iv	\$302.00
Mutation Amplification By Ola	\$13.82

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



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.