



Care you can believe in.®

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, 2009.

Room and Board -- Per Day Charges

	Charges
Coronary care	
Acute	\$7,791.00
Stepdown	\$4,346.00
Intensive care	
Acute	\$4,346.00
Stepdown	\$2,226.00
Nursery	\$689.00
Pediatrics	
Routine	\$954.00
ICU	\$4,346.00
Oncology	\$954.00
Psychiatric care	\$1,097.10
Routine care	\$954.00

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	\$2,082.90
Cesarean Section Delivery	\$3,976.06

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	\$228.96
Level 2	\$286.20
Level 3	\$809.84
Level 4	\$1,391.78
Level 5	\$1,478.70
Trauma Priority	\$5,915.86
Critical care	\$3,040.08

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	854.36	526.82
Level 2	1,146.92	805.60
Level 3	1,641.94	1,198.86
Level 4	1,852.88	1,366.34
Level 5	2,617.14	2,082.90
Level 6	3,629.44	2,882.14
Level 7	10,729.32	2,889.56

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	\$293.62
PT Re-Evaluation	\$155.82
PT Group Therapy	\$68.90
PT Therapeutic Exercise per 15 minutes	\$110.24
PT Manual Therapy per 15 minutes	\$103.88

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.

OT Evaluation	\$210.94
OT Re-Evaluation	\$125.08
OT Group Therapy	\$45.58
OT Therapeutic Exercise per 15 minutes	\$73.14
Activities of Daily Living	\$78.44

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	\$89.04
Intrapulmonary Percussion	\$126.14
Mechanical Ventilation per Day	\$448.38
MDI Teaching/Instruction	\$96.46

X-Ray and Radiological Charges

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

Cervical Spine 1 Vw	
Mri Brain	\$386.90
Extrem Up Hand 3 Vw Lt	\$2,911.82
Extrem Low Ankle 3 Vw Lt	\$386.90
Mri Brain W & W/O Contrast	\$386.90
Extrem Up Hand 3 Vw Rt	\$3,075.06
Extrem Low Ankle 3 Vw Rt	\$386.90
Abd Ultrasound Limited	\$386.90
Dorsal Spine 3 Views Routine	\$366.76
Spine Sacrum And/Or Coccyx	\$386.90
Cervical Spine 3 Views	\$386.90
Pelvis 1 Or 2 Vws	\$386.90
Ct Abd W/Out Contrast	\$386.90
Renal/Kidney Echo	\$1,563.50
Ct Pelvis W/Out Contrast	\$483.36
Wall Motion Study (Addtl View)	\$1,563.50
Spect Stress/Redist Myocard	\$668.86
Ejection Fraction - Addtl View	\$2,956.34
Abd W/Wo Contrast Media-1 View	\$668.86
Lumbar Spine 3 Vws	\$386.90
Ct Cervical Spine W/Out Cont	\$386.90
Ct Chest With Contrast	\$1,563.50
Abd Flat & Upright W/1Vw Chest	\$2,189.96
Mammogram Digital Screen Bilat	\$670.98
Digitation Screening Mammogram	\$501.38
Ct Abd With Contrast	\$81.62
Ct Pelvis With Contrast	\$2,189.96
Ct Brain W/Out Contrast	\$2,189.96
Chest - 2 Views	\$1,563.50
Chest Single View	\$386.90
	386.9

Laboratory Charges

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

Basic Metabolic Panel	251.97
Blood Culture	152.96
Blood Gases	243.06
CBC Inpatient	125.51
CBC Outpatient	68.59
CBC With Auto Differential	143.32
Ck Mb Fraction	170.24
Compatib Test Immediate Spin	196.85
CPK	126.36
Electrolytes	146.81
Glucose Blood By Monitor Devc	48.23
Ionic Calcium	156.04
Lab Home Visit Each Mile	1.28
Lipid Profile Outpatient	104.94
Liver Profile	126.78
Magnesium	111.94
Manual Differential Wbc Count	63.07
Mutation Amplification By Ola	12.94
Myoglobin	202.78
Pap Thin Prep Screen Automated	91.38
Phosphorus	93.18
Point Of Care Panel(Blood Gas)	243.06
Potassium	90.21
PT	72.83
PTT	109.82
Single Dau Component	37.85
Troponin - I	170.03
Urinalysis W/ Micro	63.71
Urine Culture Colony Count	101.98
Venipuncture	22.48

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, or

- 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*
- 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](http://www.ohanet.org/portal) at www.ohanet.org/portal.