



Commonly Reported Hospital Services

Your hospital bill may contain additional charges specific to your care such as additional procedures, supplies and medications.

Prices Effective January 1, 2021

Inpatient Room and Board Per Day Charges

Antepartum Room	\$2,779.74
Intensive Care	\$4,833.31
Medical-Surgical Room	\$2,031.72
Nursery Room	\$1,354.48

Delivery Charges

Vaginal Delivery	\$6,570.40
Cesarean Section	Based on Operating Room Time

charges do not include fees for physicians or anesthesia providers

Operating Room Services

	1st Minute	Additional Minute
Minor Surgery	\$1,315.96	\$131.60
Major Surgery	\$3,285.68	\$131.94

charges do not include fees for surgeon or anesthesia providers

Emergency Room Services

ER Level 1	\$1,093.25
ER Level 2	\$1,093.25
ER Level 3	\$1,668.65
ER Level 4	\$2,186.50
ER Level 5	\$2,934.51
Critical Care	\$3,940.29

charges do not include fees for ER physicians/providers

X-Ray and Imaging Services

CT ABDOMEN PELVIS WITH CONTRAST	\$807.98
CT ABDOMEN PELVIS WITHOUT CONTRAST	\$807.98
CT CHEST/LUNG WITH CONTRAST	\$403.99
CT CHEST/LUNG WITHOUT CONTRAST	\$403.99
CTA CHEST W OR WO CONTRAST	\$403.99
DEXA AXIAL SKELETON	\$573.75

MAMMOGRAM SCR BILAT WITH CAD	\$325.00
MR BRAIN WITHOUT & WITH CONTRAST	\$659.60
MR LOWER EXTREMITY JOINT WITHOUT CON	\$659.60
MR SPINE LUMBAR WO CONTRAST	\$659.60
TOMOSYNTHESIS BREAST DIAGNOSTIC UNILATERAL	\$218.66
TOMOSYNTHESIS BREAST SCREEN BILATERAL W SCREEN MAMMO	\$212.89
US ABDOMEN COMPLETE	\$1,518.43
US ABDOMEN LIMITED TO SPECIFIC ORGAN	\$1,384.05
XR ABDOMEN 1 VIEW	\$330.00
XR ANKLE 3+ VIEWS	\$345.24
XR CHEST 1 VIEW	\$163.94
XR CHEST 2 VIEWS	\$290.25
XR FINGER SINGLE DIGIT	\$347.50
XR FOOT 3+ VIEWS	\$345.24
XR HAND 3+VIEWS	\$345.24
XR HIP 2-3 VWS UNILATERAL INCLUDES PELVIS IF PERFORMED	\$585.76
XR KNEE 1 OR 2 VIEW	\$292.49
XR KNEE 3 VIEWS	\$441.25
XR KNEE 4 VIEWS	\$604.99
XR SHOULDER 2+ VIEWS	\$556.24
XR SPINE LUMBOSACRAL 2 VIEWS	\$552.50
XR SPINE LUMBOSACRAL MIN 4 VIEWS	\$909.99
XR TIBIA FIBULA	\$347.50
XR WRIST 3+ VIEWS	\$345.24

charges do not include fees for the radiologist

Laboratory Services

ABO	\$13.61
ALT	\$24.15
BACTI ID	\$36.78
BASIC METABOLIC PANEL	\$31.94
BLOOD CULTURE	\$47.03
CBC WITH DIFFERENTIAL	\$35.38
CBC WO DIFF	\$29.44
COMPREHENSIVE METABOLIC PANEL	\$48.13
COVID-19	\$410.00
COVID-19 SWAB COLLECTION	\$63.00
C-REACTIVE PROTEIN	\$23.58
CULTURE TYPING ID BY NUCLEIC ACID	\$91.35
GLUCOSE	\$13.45
GLYCATED HGB	\$44.24
GROSS & MICRO LEV 4 (88305)	\$127.40
HEPATIC FUNCTION PANEL	\$37.27
LACTIC ACID	\$48.67
LIPASE	\$31.37

LIPID PROFILE	\$61.01
MAGNESIUM (83735)	\$30.50
NATRIURETIC PEPTIDE	\$160.97
PREGNANCY TEST URINE	\$35.30
PROTHROMBIN TIME	\$17.92
PSA PROSTATE SPECIFIC ANTIGEN TOTAL	\$79.17
PTT	\$27.35
RH FACTOR	\$13.61
TROPONIN I	\$51.13
TSH HORMONE	\$76.55
UA DIPSTICK OR TABLET REAGENT AUTOMATED	\$10.21
URINALYSIS WITH MICROSCOPY	\$14.43
URINE CULTURE	\$36.78
VENIPUNCTURE	\$12.30

Therapy Services

FUNCTIONAL ACTIVITIES EACH 15 MINS	\$133.30
GAIT TRAINING EACH 15 MIN	\$133.30
ELECTRICAL STIM MANUAL ATTENDED EACH 15 MIN	\$83.03
INTERMITTENT COMPRESSION	\$88.78
MANUAL TECHNIQUE THERAPY EACH 15 MIN	\$133.30
NEUROMUSCULAR RE-ED EACH 15 MIN	\$133.30
PT EVALUATION LOW COMPLEXITY	\$376.69
PT EVALUATION MODERATE COMPLEXITY	\$376.69
THERAPEUTIC EXERCISE EACH 15 MINS	\$133.30
TRACTION MECHANICAL	\$108.49

Respiratory & Pulmonary Services

AEROSOL CONTINUOUS PER DAY	\$259.81
MECHANICAL CHEST WALL OSCILLATION	\$231.31
INHALATION HHN MDI HELIOX TREATMENT EACH	\$231.31
OXIMETRY PULSE CONTINUOUS	\$295.75
OXIMETRY PULSE SINGLE CHECK	\$94.78