

Patient Price Information List

In compliance with state law, Cleveland Clinic Akron General is providing this price list containing our charges for Room and Board, Labor and Delivery, Emergency Department, Operating Room, Physical Therapy, Occupational Therapy, Respiratory Therapy, Radiology and Lab. The hospital's charges are the same for all patients. Patients needing financial assistance with their hospital bills should review the information on the back of their billing statement, or call us at 330.344.6924. These prices are correct as of January 9, 2025.

Room and Board — Per Day Charge

Coronary care	\$7,561	Step Down	\$5,671
Intensive care	\$7,561	Psychiatry	\$2,603
Medical/Surgical	\$3,403		

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.

Vaginal Delivery Single	\$3,498	Cesarean Section Delivery Twins	\$7,390
Cesarean Section Delivery Single	\$5,592	Vaginal Delivery Triplets	\$4,661
Vaginal Delivery Twins	\$3,962	Cesarean Section Delivery Triplets	\$8,091

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, appliances, 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.

Level 1	\$508	Level 5	\$3,672
Level 2	\$935	Critical care, Initial	\$5,073
Level 3	\$1,632	Critical care, Additional	\$2,303
Level 4	\$2,533		

Operating Room Charges

Charges for our Operating Room services generally depend on the complexity of the particular operation. There are five levels of complexity, with level 5 being the most complex.

Level 1	\$3,143	Level 1 each additional 30 mins	\$3,136
Level 2	\$3,874	Level 2 each additional 30 mins	\$3,597
Level 3	\$4,383	Level 3 each additional 30 mins	\$4,383
Level 4	\$5,357	Level 4 each additional 30 mins	\$5,357
Level 5	\$5,529	Level 5 each additional 30 mins	\$5,529
Level 6	\$5,908	Level 6 each additional 30 mins	\$5,908

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.

Evaluation & Report	\$560	Therapeutic Exercise/per 15 min	\$239
Gait Training	\$211	Therapeutic Group	\$217

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.

Evaluation & Report	\$624	Therapeutic Group	\$217
Therapeutic Exercise/per 15 min	\$239		

Pulmonary Charges

The following charges reflect the most common services offered by our Respiratory Therapy department. Patients may have additional charges, depending on the services performed.

Airway Inhilation Treatment	\$813	Spirometry	\$596
CPAP Initiation and Management	\$813		

X-Ray & Radiological Charges

The following charges reflect the hospital's most common X-ray and radiological procedures. These prices do not include the price of supplies that may be required for some procedures. Physicians bill separately for their services.

XR Chest 2 Views	\$562	CT Scan of Abdomen and Pelvis with Contrast	\$2,375
XR Shoulder 2 Views	\$562	XR Spine Lumbosacral 2 or 3 Views	\$679
XR Chest 1 View	\$562	CT Scan of Chest with Contrast	\$1,135
CT Scan of Abdomen and Pelvis without Contrast	\$1,513	XR Ankle 3 Views	\$562
Screening Mammography	\$564	XR Foot 3 Views Minimum	\$562
Ultrasound Abdomen Limited	\$679	DXA Bone Density Measurement of Hip, Pelvis, Spine	\$679
CT Scan Head or Brain without Contrast	\$679	CT Scan of Upper Spine without Contrast	\$679
CT Scan of Chest without Contrast	\$679	XR Hip, Unilateral, 2-3 views	\$562
Screening Digital Tomography of Both Breasts	\$130	XR Addomen 1 View	\$562
XR Hand 3 Views Minimum	\$562	XR Wrist 3 Views Minimum	\$562

Laboratory Charges

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

Glucose Blood Test	\$22	Troponin	\$81
Lactic Acid	\$75	Prothrombin Time	\$28
CBC/Differential	\$51	Magnesium	\$44
Ionized Calcium	\$89	Glucose, Blood, Quantitative	\$26
Basic Metabolic Panel	\$55	Urinalysis w/microscopy	\$21
Sodium	\$32	Vitamin D	\$192
Comprehensive Metabolic Panel	\$69	TSH	\$109
Partial Thromboplastin Time	\$39	Bacterial Urine Culture	\$53
CBC	\$42	Lipid Panel	\$87
Potassium	\$31	Phosphorus Serum	\$31

Hospital Billing Policies

Akron General will bill all of your medical insurance carriers. Please be sure we have your correct and complete insurance information. This is most easily accomplished if you present your insurance cards when you are registering. Copayments should be paid at the time of service.

Balances remaining after insurance payments and adjustments will be billed to you. You may also be billed if your insurance company denies payment or fails to respond. We encourage you to appeal denials with your insurance company and to call them when you have not received notice that they have paid your bill.

When you do receive your bill, payment in full is expected, and appreciated. If you cannot pay your entire balance, please call us and we will try to help.

Having trouble paying your bill? Uninsured? You may be eligible for financial assistance. For information call 330.344.6924 or 1.866.440.0257, or you can go to www.akrongeneral.org/financialpolicy.