

Patient Price Information List

In compliance with state law, Lodi Hospital is providing this price list containing our charges for Room and Board, Emergency Department, Operating Room, Physical Therapy, Occupational Therapy, Respiratory, 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 1, 2025.

Room and Board — Per Day Charges

Medical/Surgical	\$3,403
Semi-Private (Swing)	\$3,403

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.

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

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.

Complexity Level	Initial 30 Minutes	Each Addtl. 30 Minutes	
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 Activity Per 15 Min	\$239		

Pulmonary 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.

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

X-Ray and 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 1 View	\$562	Ultrasound Abdomen Limited	\$679
CT Scan of Abdomen and Pelvis with Contrast	\$2,375	XR Shoulder 2 Views	\$562
XR Chest 2 Views	\$562	CT Scan of Chest without Contrast	\$679
Screening Mammography	\$564	XR Hand 3 Views Minimum	\$562
Screening Digital Tomography of Both Breasts	\$130	DXA Bone Density Measurement of Hip, Pelvis, Spine	\$679
CT Scan Head or Brain without Contrast	\$679	Ultrasound Breast Unilateral Limited	\$562
CT Scan of Chest with Contrast	\$1,135	XR Hip, Unilateral, 2-3 views	\$562
CT Scan of Abdomen and Pelvis without Contrast	\$1,513	XR Ankle 3 Views	\$562
CT Scan of Upper Spine without Contrast	\$679	MRI Brain with and without Contrast	\$2,375
XR Foot 3 Views Minimum	\$562	XR Knee 4 Views or More	\$679

Laboratory Charges

The following charges reflect the hospital's most common laboratory procedures. Patients may have additional charges, depending on the services performed.

Comprehensive Metabolic Panel	\$69	Basic Metabolic Panel	\$55
Prothrombin Time	\$28	Lactic Acid	\$75
Glucose Blood Test	\$22	Lipid Panel	\$87
HbA1c	\$63	Bacterial Culture, aerobic	\$53
CBC/Differential	\$51	Urinalysis w/microscopy	\$21
Lipase	\$45	Creatine	\$34
CBC	\$42	TSH	\$109
Vitamin D	\$192	Thyroxin	\$59
Troponin	\$81	Magnesium	\$44
Bacterial Urine Culture	\$53	Vitamin B12	\$98

Hospital Billing Policies

Lodi Community Hospital 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.