



## Patient Price Information List

In compliance with state law, Lutheran Hospital is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospitals' 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, 2025.

### Room and Board – Per Day Charges

Intensive care	\$ 7,561	Step Down	\$ N/A
Medical/Surgical	\$ 3,403	Psychiatry	\$ 2,603

### 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	N/A	Cesarean Section Delivery Single	N/A
Vaginal Delivery Twins	N/A	Cesarean Section Delivery Twins	N/A
Vaginal Delivery Triplets	N/A	Cesarean Section Delivery Triplets	N/A

### 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

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Operating Room charges are based on the complexity level, with Type 1 being the most basic. The following list does not include charges for anesthesia, drugs, or supplies required for a particular operating room procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.

Per 30 minute increment

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

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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
Gait Training	\$	211
Therapeutic Exercise/per 15 min	\$	239
Therapeutic Group	\$	217

## Occupational Therapy Charges

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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 Exercise/per 15 min	\$	239
Therapeutic Group	\$	217

## Pulmonary Therapy Charges

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

## X-Ray and Radiological Charges

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

XR Chest 1 View	\$ 562	Ultrasound Retroperitoneal	\$ 679
XR Chest 2 Views	\$ 562	XR Knee 4 Views or More	\$ 679
CT Scan Head or Brain without Contrast	\$ 679	XR Spine Lumbosacral 2 or 3 Views	\$ 679
CT Scan of Abdomen and Pelvis with Contrast	\$ 2,375	XR Ankle 3 Views	\$ 562
Screening Mammography	\$ 564	XR Hand 3 Views Minimum	\$ 562
Screening Digital Tomography of Both Breasts	\$ 130	Ultrasound Breast Unilateral Limited	\$ 562
CT Scan of Chest with Contrast	\$ 1,135	DXA Bone Density Measurement of Hip, Pelvis, Spine	\$ 679
XR Addomen 1 View	\$ 562	XR Knee, 1 or 2 Views	\$ 562
CT Scan of Upper Spine without Contrast	\$ 679	CT Scan of Blood Vessels of Head with Contrast	\$ 1,135
Ultrasound Abdomen Limited	\$ 679	MRI Brain wo Contrast	\$ 1,513
CT Scan of Abdomen and Pelvis without Contrast	\$ 1,513	XR Wrist 3 Views Minimum	\$ 562
CT Scan of Chest without Contrast	\$ 679	Diagnostic Mammography of 1 Breast	\$ 521
XR Shoulder 2 Views	\$ 562	XR Pelvis 1 or 2 Views	\$ 679
XR Foot 3 Views Minimum	\$ 562	MRI Brain w wo Contrast	\$ 2,375
XR Hip, Uniteral, 2-3 views	\$ 562	Ultrasound Transvaginal NonOB	\$ 679

## Laboratory Charges

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

Glucose Blood Test	\$ 22	Potassium	\$ 31
Comprehensive Metabolic Panel	\$ 69	Hemoglobin	\$ 16
CBC/Differential	\$ 51	Blood Gases	\$ 511
CBC	\$ 42	Bacterial Blood Culture	\$ 67
Basic Metabolic Panel	\$ 55	Ionized Calcium	\$ 89
Magnesium	\$ 44	Lipase	\$ 45
Troponin	\$ 81	Sodium	\$ 32
Urinalysis w/microscopy	\$ 21	Carboxyhemoglobin	\$ 80
Prothrombin Time	\$ 28	Bacterial Urine Culture	\$ 53
Lactic Acid	\$ 75	Blood Typing, ABO	\$ 20
TSH	\$ 109	Blood Typing, Rh (D)	\$ 20
Partial Thromboplastin Time	\$ 39	Hemoglobin, methemoglobin	\$ 54
Lipid Panel	\$ 87	Natriuretic Peptide	\$ 255
Phosphorus Serum	\$ 31	Antibody Screen	\$ 64
Surgical Pathology, Level 4	\$ 335	Glucose, Blood, Quantitative	\$ 26

## Hospital Billing Policies

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We want to make sure that you receive the full benefits of your insurance coverage as well as consideration under our financial assistance programs, if applicable. Before we bill you, we bill your insurance provider, including Medicare and Medicaid, and any secondary insurance providers. We do not charge interest on any balance due after insurance payments are received. We will send an easy-to-understand billing statement showing the most current balance owed by your insurance provider as well as any balance due from you. If you are not able to pay the amount you owe in full, you may contact us regarding applying for financial assistance or being set up on a payment plan. Emergency service will never be delayed or withheld on the basis of a patient's ability to pay.

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 [ohanet.org/portal](http://ohanet.org/portal).