



## Patient Price Information List - University of Cincinnati Medical Center

In compliance with state law, UC Health is providing this price list containing our room and board, emergency room, operating room, delivery, physical therapy, observation 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 a hospital financial counselor to determine if they qualify for discounts.

**Effective July 1, 2014**

### ROOM and BOARD - Per Day Charges

	<u>Private</u>	<u>Semi-Private</u>
Medical/Surgical Room	\$ 1,473.00	\$ 1,439.00
Labor & Delivery		\$ 1,439.00
Psychiatric/Chemical Dependency		\$ 1,791.00
Stepdown - Medical/Surgical		\$ 3,315.00
Stepdown - Cardiac		\$ 3,802.00
Medical Intensive Care Unit (ICU)		\$ 7,443.00
Surgical Intensive Care Unit (ICU)		\$ 7,443.00
Cardiac Intensive Care Unit (ICU)		\$ 7,609.00
Burn Intensive Care Unit (ICU)		\$ 8,510.00
Neuroscience Intensive Care (ICU)		\$ 7,296.00
Trauma Intensive Care Unit (ICU)		\$ 8,744.00
Newborn - Normal		\$ 1,178.00
Newborn - Level 2 Continuing Care		\$ 1,983.00
Newborn - Intermediate		\$ 4,565.00
Newborn Intensive Care (ICU)		\$ 7,666.00

### OBSERVATION RATES

	<u>Private</u>	<u>Semi-Private</u>
Observation Initial Hour		\$ 1,158.00
Observation - Each Additional Hour		\$ 73.00



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### EMERGENCY ROOM SERVICES

*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.*

Emergency Unit (EU) - Level 1	\$ 271.00
Emergency Unit (EU) - Level 2	\$ 525.00
Emergency Unit (EU) - Level 3	\$ 1,049.00
Emergency Unit (EU) - Level 4	\$ 1,650.00
Emergency Unit (EU) - Level 5	\$ 2,510.00
Emergency Unit (EU) - Critical Care	\$ 4,491.00
Emergency Unit (EU) - Trauma Consult	\$ 4,138.00
Emergency Unit (EU) - Trauma Response	\$ 6,290.00

### OPERATING ROOM SERVICES

*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.*

Operating Room-Minor Procedure-1st Half Hour	\$ 5,214.00
Operating Room-Major Procedure-1st Half Hour	\$ 6,233.00
Operating Room-Major Procedure-Each Additional Minute	\$ 136.00
Operating Room-Complex Procedure-1st Half Hour	\$ 6,548.00
Operating Room-Complex Procedure-Each Additional Minute	\$ 153.00
Operating Room-Trauma Procedure-1st Half Hour	\$ 8,282.00
Operating Room-Trauma Procedure-Each Additional Minute	\$ 166.00

### DELIVERY ROOM

*The following list does not include charges for anesthesia, drugs, or supplies required for a delivery room procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.*

Cesarean Section Delivery	\$ 8,456.00
Vaginal Delivery	\$ 6,113.00



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**RADIOLOGY CHARGES**

The following list reflects the hospital's 30 most common radiological procedures.

	OP DIAGNOSTIC	Inpatient
MRI - Head (with and without contrast)	\$3,486.00	\$ 4,854.00
MRI - L Spine (without contrast)	\$2,420.00	\$ 3,372.00
CT - Abdomen (without contrast)	\$1,784.00	\$ 2,181.00
CT - Head (without contrast)	\$1,475.00	\$ 1,792.00
CT - Abdomen (with contrast)	\$2,206.00	\$ 2,697.00
CT - Pelvis (with contrast)	\$2,020.00	\$ 2,565.00
CT - Chest (with contrast)	\$1,913.00	\$ 2,337.00
CT - C Spine (without contrast)	\$1,854.00	\$ 2,266.00
CT - L Spine (without contrast)	\$2,085.00	\$ 2,549.00
US - Abdomen (complete)	\$932.00	\$ 1,122.00
US - OB Re-Eval Abnormality	\$643.00	\$ 643.00
US - Breast(s)	\$598.00	\$ 720.00
US - Guide Needle Placement	\$767.00	\$ 923.00
Mammography Screening Direct Digital	\$305.00	\$ 337.00
Screening Mammography CAD	\$59.00	\$ 66.00
Mammography Bilateral Diagnostic	\$317.00	\$ 317.00
Abdomen - KUB & Erect	\$370.00	\$ 411.00
Abdomen - Flat, Up/Decub & P	\$420.00	\$ 433.00
Abdomen - Single view	\$228.00	\$ 253.00
Ankle - Minimum 3 views	\$313.00	\$ 395.00
C Spine - 2 or 3 views	\$337.00	\$ 427.00
Chest - PA & Lateral	\$325.00	\$ 360.00
Chest - PA or AP	\$299.00	\$ 333.00
Flouro up to 1 hour	\$496.00	\$ 690.00
Foot - Minimum 3 views	\$307.00	\$ 388.00
Hand - Minimum 3 views	\$332.00	\$ 418.00
Knee - up to 2 views	\$279.00	\$ 352.00
LS Spine - AP & Lateral	\$352.00	\$ 445.00
Pelvis 1 or 2 view	\$302.00	\$ 382.00
Shoulder - min 2 views	\$352.00	\$ 445.00
Wrist - Minimum 3 views	\$307.00	\$ 389.00
Bone Imaging Whole Body	\$1,232.00	\$ 1,743.00
DXA Scan Axial Skelton	\$568.00	\$ 721.00



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### LABORATORY CHARGES

The following list reflects the hospital's 30 most common laboratory procedures.

ABO Type	\$	32.00
Antibody Screen, ea incubation	\$	62.00
Basic Metabolic Panel	\$	66.00
Bilirubin- Direct	\$	36.00
Blood Gas	\$	255.00
CK (CPK)	\$	59.00
Complete Blood Count (CBC) - With differential, automated	\$	70.00
Complete Blood Count (CBC) - Without differential	\$	58.00
Comprehensive Metabolic Panel	\$	95.00
Crossmatch, Electronic	\$	62.00
Culture, Blood	\$	119.00
Culture, Urine	\$	79.00
Lactic Acid, Blood	\$	96.00
Lipid Profile	\$	114.00
Magnesium, Serum	\$	52.00
Partial Thromboplastin Time (PTT)	\$	54.00
Phosphorus, Serum	\$	42.00
POC PCO2	\$	173.00
POC Chloride	\$	41.00
POC Creatinine	\$	46.00
POC Glucose Quant Blood except reg strip	\$	35.00
POC HCG- Qualitative, Urine	\$	62.00
POC Potassium	\$	41.00
POC Sodium	\$	43.00
POC Urea Nitrogen, quant	\$	35.00
POC Urinalysis	\$	23.00
Prothrombin Time (PT)	\$	35.00
Renal Function Panel	\$	78.00
RH Factor	\$	52.00
Surgical Pathology Level 4, Gross & Micro	\$	182.00
Thyroid Stimulating Hormone	\$	116.00
Troponin	\$	88.00
Urinalysis- With Microscopic	\$	31.00
Phlebotomy	\$	19.00



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### 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.

Physical Therapy Evaluation	\$	342.00
Gait Training - 15 minutes	\$	159.00
Neuromuscular Reeducation	\$	159.00
Therapeutic Exercise - 15 minutes	\$	159.00
Therapeutic Activities - 15 minutes	\$	168.00
Electrical Stimulation (attended) - 15 minutes	\$	146.00

### 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.

Therapeutic Activities - 15 minutes	\$	168.00
Occupational Therapy Evaluation	\$	342.00
Therapeutic Exercise - 15 minutes	\$	159.00
Self Care / ADL 15 minutes	\$	193.00

### RESPIRATORY THERAPY

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

Ventilator - Assist and Manage - Initial	\$	1,325.00
Ventilator - Assist and Manage - Add'l day	\$	1,092.00
Oximetry - Continuous	\$	355.00
Hand Held Nebulizer Treatment	\$	180.00