

## **Patient Price Information List**

In compliance with state law, Diley Ridge Medical Center is providing this price list containing our charges for room and board, emergency department 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 our admitting and billing staff to determine whether they qualify for discounts. These prices are correct as of January 1, 2011.

### **Room and Board -- Per Day Charges**

*The following list included per day charges for inpatients only. Observation rates are not reflected and will be billed in addition to the per day rates, if the patient was in observation status at anytime during their stay.*

**General Med/Surg**

<i>Routine care</i>	<b>\$ 630.00</b>
<i>Intermediate Care</i>	<b>\$ 805.00</b>

### **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 care, reflect the type of accommodations needed, personnel resources, intensity of care and 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 services.*

<b>ER Visit - Level 1</b>	<b>\$ 251.00</b>
<b>ER Visit - Level 2</b>	<b>\$ 410.00</b>
<b>ER Visit - Level 3</b>	<b>\$ 650.00</b>
<b>ER Visit - Level 4</b>	<b>\$1,036.00</b>
<b>ER Visit - Level 5</b>	<b>\$1,620.00</b>
<b>ER Visit - Critical Care First 31-74 Minutes</b>	<b>\$2,427.00</b>
<b>Critical Care Additional 30 Minutes</b>	<b>\$ 227.00</b>

### **Pulmonary 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.*

<b>Carbon Dioxide Expired Gas Determination -Spot Check</b>	<b>\$ 44.00</b>
<b>CPAP Initial Day</b>	<b>\$ 237.00</b>
<b>Press or Nonpress Inhale (Aerosol, MDI or IPPB)</b>	<b>\$ 42.00</b>
<b>Ventilator Management Initial Day</b>	<b>\$ 404.00</b>
<b>Ventilator Management Subsequent Day(s)</b>	<b>\$ 273.00</b>

### **Women's Services Charges**

*The following charges reflect the most common services offered by our Women's Services department. Patients may have additional charges, depending on the services performed. This does not include any physician related expenses related to interpretation/reading of image results.*

<b>Mammogram - Screening (Digital)</b>	<b>\$ 132.00</b>
<b>CAD Review</b>	<b>\$ 35.00</b>
<b>Bone Density Study</b>	<b>\$ 414.00</b>
<b>Forearm Only</b>	<b>\$ 131.00</b>
<b>Vertebral Fracture Assessment</b>	<b>\$ 140.00</b>

**X-Ray and Radiological Charges**

*The following charges reflect the hospital's 30 most common x-ray and radiological procedures. There may be additional supply and contrast media charges depending on the procedure. This does not include any physician related expenses related to interpretation/reading of image results.*

Abdomen CT w/ Contrast	\$ 1,964.00
Abdomen CT w/o Contrast	\$ 1,283.00
Abdominal Ultrasound	\$ 342.00
Abdominal X-Ray Acute Series Including Chest PA	\$ 210.00
Ankle X-Ray 3 Views	\$ 142.00
Brain CT w/o Contrast	\$ 1,155.00
Chest Arteriogram CTA	\$ 2,310.00
Chest X-Ray 1 View	\$ 98.00
Chest X-Ray PA & LAT 2 Views	\$ 137.00
Elbow X-Ray Minimum of 3 Views	\$ 167.00
Finger X-Ray Minimum of 2 Views	\$ 140.00
Foot X-Ray 3 or More Views	\$ 140.00
Forearm X-Ray 2 Views	\$ 124.00
Hand X-Ray Minimum of 3 Views	\$ 142.00
Hip X-Ray Unilateral Minimum of 2 Views	\$ 167.00
Knee X-Ray 1 or 2 Views	\$ 126.00
Knee X-Ray 4 or More Views	\$ 184.00
Leg X-Ray, Tibia & Fibula 2 Views	\$ 119.00
Pelvic CT w/ Contrast	\$ 1,751.00
Pelvic CT w/o Contrast	\$ 1,284.00
Pelvic Non-OB Ultrasound	\$ 216.00
Ribs X-Ray Including Chest PA Minimum of 3 Views	\$ 170.00
Shoulder X-Ray Minimum 2 Views	\$ 135.00
Spine, Cervical CT w/o Contrast	\$ 1,283.00
Spine, Cervical X-Ray Minimum of 4 Views	\$ 239.00
Spine, Lumbosacral X-Ray 2 or 3 Views	\$ 179.00
Spine, Lumbosacral X-Ray Minimum of 4 Views	\$ 251.00
Spine, Thoracic X-Ray 2 Views	\$ 149.00
Transvaginal Non-OB Ultrasound	\$ 422.00
Wrist X-Ray Minimum of 3 Views	\$ 161.00



**Laboratory Charges**

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

Amylase	\$ 38.00
Antibiotic Sensitivity	\$ 46.00
Blood Culture	\$ 61.00
BUN (Blood Urea Nitrogen)	\$ 24.00
CBC w/ Diff	\$ 46.00
CBC w/o Diff	\$ 38.00
CKMB	\$ 54.00
Creatinine	\$ 30.00
Drug Screen	\$ 81.00
Electrolyte Panel	\$ 27.00
Glucose	\$ 23.00
Hemoglobin	\$ 57.00
Lipase	\$ 41.00
Lipid Profile	\$ 75.00
Liver/Hepatic Panel	\$ 37.00
Magnesium	\$ 34.00
Manual Diff	\$ 21.00
Metabolic Panel, Basic	\$ 43.00
Metabolic Panel, Comprehensive	\$ 62.00
Natriuretic peptide	\$ 199.00
Pregnancy Test - Urine	\$ 37.00
PT (Prothrombin Time)	\$ 23.00
PTT (Partial Throm Time)	\$ 36.00
STD Testing	\$ 205.00
Strep Screen Group A	\$ 71.00
Troponin	\$ 58.00
TSH (Thyroid Stim Horm)	\$ 99.00
Urinalysis, Complete	\$ 19.00
Urinalysis, Screen	\$ 14.00
Urine Culture	\$ 48.00

## **Hospital Billing Policies**

Diley Ridge Medical Center is committed to providing the highest quality health care to every patient, regardless of the ability to pay. We offer the information contained here to help you understand your hospital bill, health insurance requirements and financial assistance options. Patients may also call (614) 838-7991 to speak to a representative for assistance.

### **Patients with Health Insurance**

Diley Ridge Medical Center accepts Medicare, Medicaid, managed care, commercial, and work-related insurance plans. Payment of your financial obligation is required at the time of service. Diley Ridge Medical Center will bill your primary insurance company for you. If you have secondary insurance coverage, Diley Ridge Medical Center will bill that company, after your primary insurance benefits are processed. As a patient, you assume responsibility for paying any charges that your insurance company denies or does not pay. If you have questions about your financial obligation, or about other benefits, call your insurance company directly.

### **Patients without Health Insurance**

Patients who wish to schedule elective medical and/or maternity services are required to pay in full prior to coming in for the service. A Patient Financial Specialist will contact you prior to your scheduled service to arrange for payment of your bill. You may make an acceptable payment plan to resolve the account balance and any other outstanding obligations at that time.

### **Payment Options**

You may pay for services online at [www.dileyridgemedicalcenter.com](http://www.dileyridgemedicalcenter.com), via “check by phone,” or by personal check, credit card, bank loan, or cash. You may also make arrangements to pay an acceptable monthly amount. There will be a fee charged for checks returned unpaid. Diley Ridge Medical Center does not charge interest for financial obligations that are paid within the regular Diley Ridge Medical Center billing cycle or through a mutually acceptable payment arrangement. Financial counselors are available for consultation while you are a patient at Diley Ridge Medical Center to help you resolve your hospital bill. If you have any questions, contact your Patient Financial Specialist, who can provide financial counseling services.

### **Financial Assistance**

If you cannot pay the balance of your bill in full, contact Diley Ridge Medical Center Patient Financial Services. Two options are available for financial assistance. Medically unnecessary procedures may not qualify.

#### **Option 1: Hospital Care Assurance Program (HCAP)**

The Hospital Care Assurance Program (HCAP) is available to patients:

- who are Ohio residents
- who are not currently receiving Medicaid benefits
- whose personal/family income is at or below federal poverty income guidelines

***If you apply and are eligible for this program, you will not be billed for hospital services. You will be responsible for paying your physicians' bills. For more information, call (614) 838-7991.***

#### **Option 2: Diley Ridge Medical Center Financial Assistance Programs**

Provides financial assistance programs based upon a patient's income, expenses, and other circumstances.

### **Other Bills for Your Treatment**

Your bill from Diley Ridge Medical Center is only for hospital services. Depending on the services you received, you may be billed by your personal physician, other physicians who were involved in your care, and/or physicians who administered/interpreted your test results, including, but not limited to, bills for such services as emergency care, radiology, pathology, and anesthesiology. If you have questions about any bill you receive other than a bill from Diley Ridge Medical Center, you should call the office that sent the bill directly.

### **Price Information**

A phone line is available for patients to request non-published pricing information for patients on a case-by-case basis. That number is (614) 838-7991.

### **Automated Touch-Tone Service**

Diley Ridge Medical Center's Automated Touch-Tone Service offers quick answers to many common questions about your account. You must have your account number ready when you call. Your ten-digit account number begins with the letter U. It can be found on the statement that you received from Diley Ridge Medical Center. Access to this service is available 24-hours-a-day.

# **Patient Price Information List**



The Consumer's Guide to  
**Quality Health Care**  
in Ohio

*Consumers can access a number of government and private Websites, which provide*