

# Patient Price Information List

## January 1, 2017

In compliance with state law, Western Reserve Hospital is providing this price list containing our charges for Room and Board, Emergency Department, Operating Room, Physical Therapy, Pain Medicine and other procedures. This publication is available upon request when visiting the hospital and may be found at

[http://www.westernreservehospital.org/media/57071/ucpricing\\_2017.pdf](http://www.westernreservehospital.org/media/57071/ucpricing_2017.pdf). The hospital charges are the same for all patients, but a patient's responsibilities may vary, depending on payment plans negotiated with individual health insurers. **Please contact our Patient Financial Coordinator at (330) 971-7597 for a customized estimate of patient responsibility based upon your insurance. Regular business hours are Monday - Friday, 8 a.m. - 4:30 p.m.**

Western Reserve Hospital offers financial assistance through the Ohio Hospital Care Assurance Program, WRH's Charity and Uninsured Patient Charity Programs. For information, contact Patient Financial Services at (330) 255-3101. The prices presented below are correct as of January 1, 2017.

Room and Board – Per Day Charges	
Medical/Surgical-Semi Private	\$3,311
Medical/Surgical-Private	\$3,426
Telemetry Charge	\$6,135
Intensive Care	\$7,575

Observation - Hourly Charges	
Low Complexity	\$132
Moderate Complexity	\$245
High Complexity	\$257

### Emergency Department Charges

Emergency Department charges are based on the level of emergency care provided to 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 supplies, drugs or other ancillary procedures that may be required for a particular emergency treatment. Services provided by emergency physicians will be billed by the physicians.

Emergency Department Charges			
Level 1	\$645	Level 4	\$2,460
Level 2	\$849	Level 5	\$3,581
Level 3	\$1,402		

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### Operating Room Charges

Operating Room charges are based on the complexity level, with minor 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 included, and will be billed separately by those physicians.

Operating Room Charges		
Complexity Level	First Hour Charge	Additional 15 Minutes
Minor	\$4,013	\$675
Minor - Complex	\$9,665	\$720
Major	\$10,746	\$750
Major – Complex	\$12,543	\$825

The following charges reflect the most common services offered by these departments of Western Reserve Hospital. Patients may have additional charges, depending on the service(s) performed.

Physical Therapy			
Work Conditioning, each 15 min	\$86	Aquatic Therapy, each 15 min	\$271
Gait Training Therapy, each 15 min	\$220	Neuromuscular Therapy, each 15 min	\$271
Therapeutic Procedure, each 15 min	\$220	Manual Therapy, each 15 min	\$271
Group Therapeutic Procedure	\$238	Physical Therapy Evaluation	\$555

Occupational Therapy			
Work conditioning, each 15 min	\$86	Functional Capacity Evaluation	\$271
Self Care Management Training	\$220	Fluidotherapy	\$207
Therapeutic Procedure, each 15 min	\$220	Occupational Therapy Evaluation	\$566

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### Respiratory Therapy

Mechanical Chest Wall Oscillation	\$215	CO Diffusing Capacity Evaluation	\$774
Evaluation of Nebulizer Use	\$382	Evaluation of Bronchospasm	\$1,156
Inhalation Therapy Treatment	\$512	Pulmonary Function Test by Gas	\$1,163
Arterial Blood Gas (ABG) Analysis	\$539	Positive Airway Pressure Ventilation	\$1,322
Arterial Puncture Draw for Diagnosis	\$1,097	Ventilation Assistance Management	\$2,044

### Sleep Laboratory

Polysomnography, 4 or more Parameters, >6 yrs. old	\$9,852
Polysomnography with CPAP/BIPAP, 4 or more Parameters, >6 yrs. old	\$9,114

### Pain Medicine

New Patient, Office Visit, Level 2	\$510
New Patient, Office Visit, Level 3	\$623
New Patient, Office Visit, Level 4	\$806
New Patient, Office Visit, Level 5	\$864
Established Patient, Office Visit, Level 1	\$201
Established Patient, Office Visit, Level 2	\$234
Established Patient, Office Visit, Level 3	\$386
Established Patient, Office Visit, Level 4	\$650
Established Patient, Office Visit, Level 5	\$742
Injection, Single or Multiple Trigger Points, 1-2 Muscles	\$988
Injection, Single or Multiple Trigger Points, 3 or More Muscles	\$1,021
Aspiration or Injection, Major Joint or Bursa	\$1,673
Injection, Major Joint with Ultrasound	\$1,839
Radiofrequency Ablation	\$2,162
Radiofrequency Ablation, Bilateral	\$3,243
Injection, Paravertebral Facet Joint, Cervical or Thoracic, with Imaging	\$3,585
Injection, Sacroiliac Joint, Anesthetic / Steroid, with Arthrography	\$4,264
Injection, Foramen Epidural, Lumbar or Sacral, Single	\$4,264
Injection, Paravertebral Facet Joint with Imaging Guidance, Bilateral	\$5,534
Injection, Epidural or Subcutaneous, Lumbar or Sacral	\$6,243
Other Peripheral Nerve Block	\$6,243
Injection, Cervical or Thoracic, Non-Neurolytic	\$6,243
Greater Occipital Nerve Block, Bilateral	\$8,532

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### Imaging Services

The following charges reflect the hospital's 30 most common imaging services.

X-Ray and Radiological Services			
CT Abdomen and Pelvis with Contrast	\$9,684	Ultrasound Abdomen w / Image	\$1,328
CT Abdomen and Pelvis w/o Contrast	\$7,973	Ultrasound Retroperitoneal Complete	\$1,433
CT Brain w/o Contrast	\$3,984	XR Abdomen Single AP View	\$527
CT Cervical Spine w/o contrast	\$3,984	XR Ankle 3 or more Views	\$990
CT Chest w/o Contrast	\$3,984	XR Chest PA and Lateral	\$653
CT Chest with Contrast	\$4,539	XR Chest Single View	\$553
CT Maxillofacial w/o Enhance	\$3,755	XR Foot Complete 3 or More Views	\$1,110
CTA Chest with & w/o Contrast	\$6,658	XR Hand 3 or More Views	\$740
MRA Head w/o Contrast	\$5,682	XR Hip Complete 2-3 Views	\$705
MRI Brain w/o Contrast	\$6,776	XR Knee Complete 4 or More Views	\$1,272
MRI Brain with and w/o Contrast	\$9,814	XR Lumbar Spine 2 or 3 Views	\$1,075
MRI Spinal Canal Cervical w/o Contrast	\$5,682	XR Lumbar Spine 4 or More Views	\$1,272
MRI Spine Lumbar w/o Contrast	\$5,682	XR Shoulder 2 or More Views	\$681
Ultrasound Transvaginal	\$1,433	XR Spine - Cervical 4 or More Views	\$1,110
Ultrasound Abdomen Complete	\$1,871	XR Wrist Complete 3 or More Views	\$745

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### Laboratory Services

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

Laboratory Services			
Aerobic Bacterial Blood Cultures	\$624	Hepatic Function Panel	\$265
Allergen Specific IGE, each	\$146	Lactic Acid	\$293
Auto Erythrocyte Sed Rate	\$99	Lipase	\$279
Bacterial Urine Culture, Quant. Count	\$306	Lipid Profile	\$324
Basic Metabolic Panel	\$268	Magnesium	\$154
Blood Draw Fee	\$45	Partial Thromboplastin Time	\$181
CBC w/o Differential	\$189	Phosphorus - Inorganic	\$122
CBC with Differential	\$158	Prostate Specific Antigen - PSA Screening	\$268
Comprehensive Metabolic Panel	\$364	Pregnancy Test - Urine HCG	\$316
Culture Strep	\$254	Prothrombin Time	\$126
Ferritin	\$319	Thyroid Stimulating Hormone	\$247
Free Thyroxine	\$308	Troponin, Quantitative	\$381
Gross/Micro Pathology Exam	\$597	Urinalysis with Microscopy	\$159
Hemoglobin A1C	\$265	Vitamin B-12 Level	\$426
Hematocrit	\$89	Vitamin D 25 Hydroxy	\$740
Hemoglobin	\$87		

### Hospital Billing Policies

Your insurance providers, including Medicare, Medicaid, other primary insurance providers and secondary insurance providers, are billed by Western Reserve Hospital before a bill is sent to you. Interest is not charged on any balance due after insurance repayments are received. We will send you a 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, please contact Patient Financial Services at (330) 255-3101 to discuss applying for financial assistance or to arrange for a payment plan. Emergency Services will never be delayed or withheld on the basis of a patient's ability to pay.

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