

Patient Price Information List

January 1, 2018

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. 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, 2018.

Room and Board – Per Day Charges	
Medical/Surgical-Semi Private	\$3,477
Medical/Surgical-Private	\$3,597
Telemetry Charge	\$6,442
Intensive Care	\$7,954

Observation - Hourly Charges	
Low Complexity	\$139
Moderate Complexity	\$257
High Complexity	\$270

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	\$712	Level 4	\$2,590
Level 2	\$1,001	Level 5	\$3,650
Level 3	\$1,560		

Patient Price Information List

January 1, 2018

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	\$4,214	\$705
Minor - Complex	\$10,148	\$750
Major	\$11,283	\$795
Major – Complex	\$13,170	\$870

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	\$90	Aquatic Therapy, each 15 min	\$285
Gait Training Therapy, each 15 min	\$231	Neuromuscular Therapy, each 15 min	\$285
Therapeutic Procedure, each 15 min	\$231	Manual Therapy, each 15 min	\$285
Group Therapeutic Procedure	\$250	Physical Therapy Evaluation - Low Complexity	\$529

Occupational Therapy			
Work conditioning, each 15 min	\$90	Functional Capacity Evaluation	\$285
Self Care Management Training	\$230	Fluidotherapy	\$217
Therapeutic Procedure, each 15 min	\$231	Occupational Therapy Evaluation - Low Complexity	\$529

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Respiratory Therapy

Mechanical Chest Wall Oscillation	\$226	CO Diffusing Capacity Evaluation	\$813
Evaluation of Nebulizer Use	\$401	Evaluation of Bronchospasm	\$1,214
Inhalation Therapy Treatment	\$538	Pulmonary Function Test by Gas	\$1,221
Arterial Blood Gas (ABG) Analysis	\$566	Positive Airway Pressure Ventilation	\$1,388
Arterial Puncture Draw for Diagnosis	\$1,152	Ventilation Assistance Management	\$2,146

Sleep Laboratory

Polysomnography, 4 or more Parameters, >6 yrs. old	\$10,345
Polysomnography with CPAP/BIPAP, 4 or more Parameters, >6 yrs. old	\$9,570

Pain Medicine

New Patient, Office Visit, Level 2	\$328
New Patient, Office Visit, Level 3	\$442
New Patient, Office Visit, Level 4	\$518
New Patient, Office Visit, Level 5	\$605
Established Patient, Office Visit, Level 1	\$219
Established Patient, Office Visit, Level 2	\$298
Established Patient, Office Visit, Level 3	\$402
Established Patient, Office Visit, Level 4	\$470
Established Patient, Office Visit, Level 5	\$550
Injection, Single or Multiple Trigger Points, 1-2 Muscles	\$1,037
Injection, Single or Multiple Trigger Points, 3 or More Muscles	\$1,072
Aspiration or Injection, Major Joint or Bursa	\$1,757
Injection, Major Joint with Ultrasound	\$1,931
Radiofrequency Ablation	\$2,270
Radiofrequency Ablation, Bilateral	\$3,405
Injection, Paravertebral Facet Joint, Cervical or Thoracic, with Imaging	\$3,764
Injection, Sacroiliac Joint, Anesthetic / Steroid, with Arthrography	\$4,477
Injection, Foramen Epidural, Lumbar or Sacral, Single	\$4,477
Injection, Paravertebral Facet Joint with Imaging Guidance, Bilateral	\$5,811
Injection, Epidural or Subcutaneous, Lumbar or Sacral with Imaging	\$6,555
Other Peripheral Nerve Block	\$6,555
Greater Occipital Nerve Block, Bilateral	\$8,959

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January 1, 2018

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	\$10,168	Ultrasound Abdomen w / Image	\$1,394
CT Abdomen and Pelvis w/o Contrast	\$8,372	Ultrasound Retroperitoneal Complete	\$1,505
CT Brain w/o Contrast	\$4,183	XR Abdomen Single AP View	\$553
CT Cervical Spine w/o contrast	\$4,183	XR Ankle 3 or more Views	\$1,040
CT Chest w/o Contrast	\$4,183	XR Chest PA and Lateral	\$686
CT Chest with Contrast	\$4,766	XR Chest Single View	\$581
CT Maxillofacial w/o Enhance	\$3,943	XR Foot Complete 3 or More Views	\$1,166
CTA Chest with & w/o Contrast	\$6,991	XR Hand 3 or More Views	\$777
MRA Head w/o Contrast	\$5,966	XR Hip Complete 2-3 Views	\$740
MRI Brain w/o Contrast	\$7,115	XR Knee Complete 4 or More Views	\$1,336
MRI Brain with and w/o Contrast	\$10,305	XR Lumbar Spine 2 or 3 Views	\$1,129
MRI Spinal Canal Cervical w/o Contrast	\$5,966	XR Lumbar Spine 4 or More Views	\$1,336
MRI Spine Lumbar w/o Contrast	\$5,966	XR Shoulder 2 or More Views	\$715
Ultrasound Transvaginal	\$1,505	XR Spine - Cervical 4 or More Views	\$1,166
Ultrasound Abdomen Complete	\$1,965	XR Wrist Complete 3 or More Views	\$782

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Laboratory Services

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

Laboratory Services			
Aerobic Bacterial Blood Cultures	\$655	Hepatic Function Panel	\$278
Allergen Specific IGE, each	\$153	Lactic Acid	\$308
Auto Erythrocyte Sed Rate	\$104	Lipase	\$293
Bacterial Urine Culture, Quant. Count	\$321	Lipid Profile	\$340
Basic Metabolic Panel	\$281	Magnesium	\$162
Blood Draw Fee	\$47	Partial Thromboplastin Time	\$190
CBC w/o Differential	\$198	Phosphorus - Inorganic	\$128
CBC with Differential	\$166	Prostate Specific Antigen - PSA Screening	\$332
Comprehensive Metabolic Panel	\$382	Pregnancy Test - Urine HCG	\$281
Culture Strep	\$267	Prothrombin Time	\$132
Ferritin	\$335	Thyroid Stimulating Hormone	\$259
Free Thyroxine	\$323	Troponin, Quantitative	\$400
Gross/Micro Pathology Exam	\$627	Urinalysis with Microscopy	\$167
Hemoglobin A1C	\$278	Vitamin B-12 Level	\$447
Hematocrit	\$93	Vitamin D 25 Hydroxy	\$777
Hemoglobin	\$91		

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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