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, 2019.

	Room and Board – Per Day Charges		
	Medical/Surgical-Semi Private	\$3,616	
	Medical/Surgical-Private	\$3,741	
	Telemetry Charge	\$6,700	
	Intensive Care	\$8,272	

Observation - Hourly Charges		
Low Complexity	\$145	
Moderate Complexity	\$267	
High Complexity	\$281	

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	\$1,000	Level 4	\$2,600
Level 2	\$1,300	Level 5	\$3,800
Level 3 \$1,600			



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	\$4,383	\$49	
Minor - Complex	\$10,554	\$52	
Major	\$11,734	\$55	
Major – Complex	\$13,697	\$60	

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					
Therapeutic activity, each 15 min	peutic activity, each 15 min \$296 Neuromuscular Therapy, each 15 min		\$296		
Therapeutic Procedure, each 15 min	\$240	Manual Therapy, each 15 min	\$296		
Group Therapeutic Procedure	\$260	Phys. Therapy Evaluation - Low Complexity	\$550		
Aquatic Therapy, each 15 min	\$296	Phys. Therapy Evaluation - Mod Complexity	\$562		
Electrical Stimulation	\$267				

Occupational Therapy				
Therapeutic Activities, each 15 min \$296 Therapeutic Procedure, each 15 min		\$240		
Self Care Management Training	\$239	Fluidotherapy	\$226	
Manual Therapy, each 15 min \$296		Occ. Therapy Evaluation - Low Complexity	\$550	
Fluidotherapy	\$226	Occ. Therapy Evaluation - Mod Complexity	\$562	



	Respirato
Inhalation Therapy Treatment	\$560
Arterial Blood Gas (ABG) Analysis	\$589
Arterial Puncture Draw for Diagnosis	\$1,198
Lung Volumes Test	\$1,270

)	ry Therapy			
		Spirometry	\$743	
		Evaluation for Bronchospasm	\$1,263	
		Diffusion Capacity Evaluation	\$846	
		Six Minute Walk Test	\$504	

Sleep Laboratory	
Polysomnography, 4 or more Parameters, >6 yrs. old	\$10,759
Polysomnography with CPAP/BIPAP, 4 or more Parameters, >6 yrs. old	\$9,953

Pain Medicine		
New Patient, Office Visit, Level 2	\$341	
New Patient, Office Visit, Level 3	\$460	
New Patient, Office Visit, Level 4	\$539	
New Patient, Office Visit, Level 5	\$629	
Established Patient, Office Visit, Level 1	\$228	
Established Patient, Office Visit, Level 2	\$310	
Established Patient, Office Visit, Level 3	\$418	
Established Patient, Office Visit, Level 4	\$489	
Established Patient, Office Visit, Level 5	\$572	
Injection, Single or Multiple Trigger Points, 1-2 Muscles	\$1,078	
Injection, Single or Multiple Trigger Points, 3 or More Muscles	\$1,115	
Aspiration or Injection, Major Joint or Bursa	\$1,827	
Injection, Major Joint with Ultrasound	\$2,008	
Radiofrequency Ablation	\$2,361	
Radiofrequency Ablation, Bilateral	\$3,541	
Injection, Paravertebral Facet Joint, Cervical or Thoracic, with Imaging	\$3,915	
Injection, Sacroiliac Joint, Anesthetic / Steroid, with Arthrography	\$4,656	
Injection, Foramen Epidural, Lumbar or Sacral, Single	\$4,656	
Injection, Paravertebral Facet Joint with Imaging Guidance, Bilateral	\$6,043	
Injection, Epidural or Subcutaneous, Lumbar or Sacral with Imaging	\$6,817	
Other Peripheral Nerve Block	\$6,817	
Greater Occipital Nerve Block, Bilateral	\$9,317	



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	\$10,575	Ultrasound Abdomen w / Image	\$1,450
CT Abdomen and Pelvis w/o Contrast	\$8,707	Ultrasound Retroperitoneal Complete	\$1,565
CT Brain w/o Contrast	\$4,350	XR Abdomen Single AP View	\$575
CT Cervical Spine w/o contrast	\$4,350	XR Ankle 3 or more Views	\$1,082
CT Chest w/o Contrast	\$4,350	XR Chest PA and Lateral	\$713
CT Chest with Contrast	\$4,957	XR Chest Single View	\$604
CT Maxillofacial w/o Enhance	\$4,101	XR Foot Complete 3 or More Views	\$1,213
CTA Chest with & w/o Contrast	\$7,271	XR Hand 3 or More Views	\$808
MRA Head w/o Contrast	\$6,205	XR Hip Complete 2-3 Views	\$770
MRI Brain w/o Contrast	\$7,400	XR Knee Complete 4 or More Views	\$1,389
MRI Brain with and w/o Contrast	\$10,717	XR Lumbar Spine 2 or 3 Views	\$1,174
MRI Spinal Canal Cervical w/o Contrast	\$6,205	XR Lumbar Spine 4 or More Views	\$1,389
MRI Spine Lumbar w/o Contrast	\$6,205	XR Shoulder 2 or More Views	\$744
Ultrasound Transvaginal	\$1,565	XR Spine - Cervical 4 or More Views	\$1,213
Ultrasound Abdomen Complete	\$2,044	XR Wrist Complete 3 or More Views	\$813



Laboratory Services

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

Laboratory Services				
Aerobic Bacterial Blood Cultures	\$681	Hepatic Function Panel	\$289	
Allergen Specific IGE, each	\$159	Lactic Acid	\$320	
Auto Erythrocyte Sed Rate	\$108	Lipase	\$305	
Bacterial Urine Culture, Quant. Count	\$334	Lipid Profile	\$354	
Basic Metabolic Panel	\$292	Magnesium	\$168	
Blood Draw Fee	\$49	Partial Thromboplastin Time	\$198	
CBC w/o Differential	\$206	Phosphorus - Inorganic	\$133	
CBC with Differential	\$173	Prostate Specific Antigen - PSA Screening	\$345	
Comprehensive Metabolic Panel	\$397	Pregnancy Test - Urine HCG	\$292	
Culture Strep	\$278	Prothrombin Time	\$137	
Ferritin	\$348	Thyroid Stimulating Hormone	\$269	
Free Thyroxine	\$336	Troponin, Quantitative	\$416	
Hemoglobin A1C	\$289	Urinalysis with Microscopy	\$174	
Hematocrit	\$97	Vitamin B-12 Level	\$465	
Hemoglobin	\$95	Vitamin D 25 Hydroxy	\$808	

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.

