

Patient Price Information List

January 1, 2022

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 or to obtain an upfront cash discounted price. 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, 2022.

Room & Board - Per Day Charges		Observation - Hourly Charges	
Medical / Surgical - Private	\$4,047	Low Complexity 1 Day	\$163
Medical / Surgical - Semi Private	\$3,911	Low Complexity 2 Day	\$163
Telemetry Charge	\$7,247		
Intensive Care	\$8,947		

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			
Level 1	\$1,125	Level 4	\$2,924
Level 2	\$1,462	Level 5	\$4,274
Level 3	\$1,800		

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 Min.
Minor	\$4,930	\$55
Minor - Complex	\$11,872	\$58
Major	\$13,199	\$61
Major - Complex	\$15,408	\$67

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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	\$333	Neuromuscular Therapy, each 15 min	\$333
Therapeutic Procedure, each 15 min	\$270	Gait Training Therapy, each 15 min	\$270
Work Conditioning, each 15 min	\$106	Manual Therapy, each 15 min	\$333
Aquatic Therapy, each 15 min	\$333	Phys. Therapy Evaluation - Low Complexity	\$619
Electrical Stimulation	\$301	Phys. Therapy Evaluation - Mod Complexity	\$631

Occupational Therapy

Therapeutic Activities, each 15 min	\$333	Occ. Therapy Evaluation - Low Complexity	\$619
Self Care Management Training	\$269	Ultrasound, each 15 min	\$140
Manual Therapy, each 15 min	\$333	Wheelchair mobility, each 15 min	\$270
Fluidotherapy	\$254	Orthotic / Splint Fitting	\$227
Therapeutic Procedure, each 15 min	\$270	Orthotic / Splint Management	\$270

Respiratory Therapy

Aerosol Treatment (Inhalation Therapy)	\$629
Arterial Blood Gas (ABG) Analysis	\$664
Arterial Blood Draw for Diagnosis	\$1,348
Spirometry	\$836
Six Minute Walk Test	\$567
Bronchoprovocation Study	\$4,417
Complete Pulmonary Function Test (Spirometry, Lung Volumes, Diffusion Capacity Evaluation)	\$3,217
Complete Pulmonary Function w/Bronchodilator Test (Bronchospasm, Lung Volumes, Diffused Capacity)	\$3,802
Bronchoprovocation Study w/Lung Volumes & DLCO (Bronchoprovocation, Lung Volumes, Diffused Capacity)	\$6,797

Sleep Laboratory

Polysomnography, 4 or more Parameters, >6 yrs. old	\$12,102
Polysomnography with CPAP/BIPAP, 4 or more Parameters, >6 yrs. old	\$11,196

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Pain Medicine

New Patient, Office Visit, Level 2	\$384
New Patient, Office Visit, Level 3	\$517
New Patient, Office Visit, Level 4	\$606
Established Patient, Office Visit, Level 1	\$256
Established Patient, Office Visit, Level 2	\$348
Established Patient, Office Visit, Level 3	\$470
Established Patient, Office Visit, Level 4	\$550
Established Patient, Office Visit, Level 5	\$644
Injection, Single or Multiple Trigger Points, 1-2 Muscles	\$1,213
Injection, Single or Multiple Trigger Points, 3 or More Muscles	\$1,254
Aspiration or Injection, Major Joint or Bursa	\$2,055
Injection, Major Joint with Ultrasound	\$2,259
Radiofrequency Ablation	\$2,655
Radiofrequency Ablation, Bilateral	\$3,983
Injection, Paravertebral Facet Joint, Cervical or Thoracic, with Imaging	\$4,404
Injection, Sacroiliac Joint, Anesthetic / Steroid, with Arthrography	\$5,237
Injection, Foramen Epidural, Lumbar or Sacral, Single	\$5,237
Injection, Paravertebral Facet Joint with Imaging Guidance, Bilateral	\$6,797
Injection, Epidural or Subcutaneous, Lumbar or Sacral with Imaging	\$7,669
Other Peripheral Nerve Block	\$7,669
Greater Occipital Nerve Block, Bilateral	\$10,481

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	\$11,896	XR Abdomen Single AP View	\$647
CT Abdomen and Pelvis w/o Contrast	\$9,794	XR Ankle 3 or more Views	\$1,217
CT Brain w/o Contrast	\$4,893	XR Chest PA and Lateral	\$803
CT Cervical Spine w/o contrast	\$4,893	XR Chest Single View	\$679
CT Chest w/o Contrast	\$4,893	XR Foot Complete 3 or More Views	\$1,364
CT Chest with Contrast	\$5,575	XR Hand 3 or More Views	\$909
CT Maxillofacial w/o Enhance	\$4,613	XR Hip Complete 2-3 Views	\$866
CTA Chest with & w/o Contrast	\$8,179	XR Knee Complete 4 or More Views	\$1,563
MRA Head w/o Contrast	\$6,979	XR Lumbar Spine 2 or 3 Views	\$1,321
MRI Brain w/o Contrast	\$8,324	XR Lumbar Spine 4 or More Views	\$1,563
MRI Brain with and w/o Contrast	\$12,056	XR Shoulder 2 or More Views	\$837
MRI Spinal Canal Cervical w/o Contrast	\$6,979	XR Spine - Cervical 4 or More Views	\$1,364
MRI Spine Lumbar w/o Contrast	\$6,979	XR Wrist Complete 3 or More Views	\$915
Ultrasound Transvaginal	\$1,761	3D Tomography Screening Mammography	\$410
Ultrasound Abdomen Complete	\$2,299	Ultrasound Breast	\$1,216
Ultrasound Abdomen Limited	\$1,631	Bone Density	\$890
Ultrasound Retroperitoneal Complete	\$1,761		

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Laboratory Services

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

Laboratory Services			
Antibody Screen	\$423	Hepatic Function Panel	\$326
Auto Erythrocyte Sed Rate	\$121	Lipid Profile	\$398
Bacterial Urine Culture, Quant. Count	\$375	Magnesium	\$189
Basic Metabolic Panel	\$394	Partial Thromboplastin Time	\$223
Blood Draw Fee	\$55	Phosphorus - Inorganic	\$150
CBC w/o Differential	\$194	Pregnancy Test - Urine HCG	\$388
CBC with Differential	\$232	Procalcitonin	\$279
Comprehensive Metabolic Panel	\$461	Prostate Specific Antigen - PSA Screening	\$329
Culture Strep	\$313	Prothrombin Time	\$154
Ferritin	\$391	Rapid Strep	\$248
Free Thyroxine	\$378	SARS-COV-2 COVID-19	\$200
Hemoglobin A1C	\$326	Testosterone, Total	\$643
Hematocrit	\$109	Thyroid Stimulating Hormone	\$368
Hemoglobin	\$107	Urinalysis with Microscopy	\$196
Influenza	\$213	Vitamin B-12 Level	\$523

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.