Patient Price Information List January 1, 2023

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, 2023.

Room & Board - Per Day Charges		
Medical / Surgical - Private	\$3,891	
Medical / Surgical - Semi Private	\$3,761	
Telemetry Charge	\$7,247	
Intensive Care	\$8,947	

Observation - Hourly Charges		
Low Complexity 1 Day	\$162	
Low Complexity 2 Day	\$162	

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	\$1,159	Level 4	\$3,012
Level 2	\$1,506	Level 5	\$4,402
Level 3	\$1,854		

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	\$5,078	\$57
Minor - Complex	\$12,228	\$60
Major	\$13,595	\$63
Major - Complex	\$15,870	\$69



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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.

	Physic
Therapeutic Activity, each 15 min	\$343
Therapeutic Procedure, each 15 min	\$278
Work Conditioning, each 15 min	\$109
Aquatic Therapy, each 15 min	\$343
Electrical Stimulation	\$310

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Neuromuscular Therapy, each 15 min	\$343
Gait Training Therapy, each 15 min	\$278
Manual Therapy, each 15 min	\$343
Phys. Therapy Evaluation - Low Complexity	\$638
Phys. Therapy Evaluation - Mod Complexity	\$650

	Occupat
Therapeutic Activities, each 15 min	\$343
Self Care Management Training	\$277
Manual Therapy, each 15 min	\$343
Fluidotherapy	\$262
Therapeutic Procedure, each 15 min	\$278

onai Therapy	
Occ. Therapy Evaluation - Low Complexity	\$638
Ultrasound, each 15 min	\$144
Wheelchair mobility, each 15 min	\$278
Orthotic / Splint Fitting	\$234
Orthotic / Splint Management	\$278

Respiratory Therapy		
Aerosol Treatment (Inhalation Therapy)	\$648	
Arterial Blood Gas (ABG) Analysis	\$684	
Arterial Blood Draw for Diagnosis	\$1,388	
Spirometry	\$861	
Six Minute Walk Test	\$584	
Bronchoprovocation Study	\$4,550	
Complete Pulmonary Function Test (Spirometry, Lung Volumes, Diffusion Capacity Evaluation)	\$3,314	
Complete Pulmonary Function w/Bronchodilator Test (Bronchospasm, Lung Volumes, Diffused Capacity)	\$3,918	
Bronchoprovocation Study w/Lung Volumes & DLCO (Bronchoprovocation, Lung Volumes, Diffused Capacity)	\$7,003	

Sleep Laboratory	
Polysomnography, 4 or more Parameters, >6 yrs. old	\$11,532
Polysomnography with CPAP/BIPAP, 4 or more Parameters, >6 yrs. old	\$12,465



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Pain Medicine	
New Patient, Office Visit, Level 2	\$396
New Patient, Office Visit, Level 3	\$533
New Patient, Office Visit, Level 4	\$624
Established Patient, Office Visit, Level 1	\$264
Established Patient, Office Visit, Level 2	\$358
Established Patient, Office Visit, Level 3	\$484
Established Patient, Office Visit, Level 4	\$567
Established Patient, Office Visit, Level 5	\$663
Injection, Single or Multiple Trigger Points, 1-2 Muscles	\$1,249
Injection, Single or Multiple Trigger Points, 3 or More Muscles	\$1,292
Aspiration or Injection, Major Joint or Bursa	\$2,117
Injection, Major Joint with Ultrasound	\$2,327
Radiofrequency Ablation	\$2,735
Radiofrequency Ablation, Bilateral	\$4,102
Injection, Paravertebral Facet Joint, Cervical or Thoracic, with Imaging	\$4,536
Injection, Sacroiliac Joint, Anesthetic / Steroid, with Arthrography	\$5,394
Injection, Foramen Epidural, Lumbar or Sacral, Single	\$5,394
Injection, Paravertebral Facet Joint with Imaging Guidance, Bilateral	\$7,001
Injection, Epidural or Subcutaneous, Lumbar or Sacral with Imaging	\$7,899
Other Peripheral Nerve Block	\$7,899
Greater Occipital Nerve Block, Bilateral	\$10,795

Imaging Services

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

X - R	ay and Ra
CT Abdomen and Pelvis with Contrast	\$12,253
CT Abdomen and Pelvis w/o Contrast	\$10,088
CT Brain w/o Contrast	\$5,040
CT Cervical Spine w/o contrast	\$5,040
CT Chest w/o Contrast	\$5,040
CT Chest with Contrast	\$5,742
CT Maxillofacial w/o Enhance	\$4,751
CTA Chest with & w/o Contrast	\$8,424
MRA Head w/o Contrast	\$7,188
MRI Brain w/o Contrast	\$8,574
MRI Brain with and w/o Contrast	\$12,418
MRI Spinal Canal Cervical w/o Contrast	\$7,188
MRI Spine Lumbar w/o Contrast	\$7,188
Ultrasound Transvaginal	\$1,814
Ultrasound Abdomen Complete	\$2,368
Ultrasound Abdomen Limited	\$1,680
Ultrasound Retroperitoneal Complete	\$1,814

diological Services	
XR Abdomen Single AP View	\$666
XR Ankle 3 or more Views	\$1,254
XR Chest PA and Lateral	\$827
XR Chest Single View	\$699
XR Foot Complete 3 or More Views	\$1,405
XR Hand 3 or More Views	\$936
XR Hip Complete 2-3 Views	\$892
XR Knee Complete 4 or More Views	\$1,610
XR Lumbar Spine 2 or 3 Views	\$1,361
XR Lumbar Spine 4 or More Views	\$1,610
XR Shoulder 2 or More Views	\$862
XR Spine - Cervical 4 or More Views	\$1,405
XR Wrist Complete 3 or More Views	\$942
3D Tomography Screeing Mammography	\$422
Ultrasound Breast	\$1,252
Bone Density	\$898



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Laboratory Services

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

	Labora
Antibody Screen	\$436
Auto Erythrocyte Sed Rate	\$125
Bacterial Urine Culture, Quant. Count	\$386
Basic Metabolic Panel	\$406
Blood Draw Fee	\$57
CBC w/o Differential	\$200
CBC with Differential	\$239
Comprehensive Metabolic Panel	\$475
Culture Strep	\$322
Ferritin	\$403
Free Thyroxine	\$389
Hemoglobin A1C	\$336
Hematocrit	\$112
Hemoglobin	\$110
Influenza	\$219

ory Services	
Hepatic Function Panel	\$336
Lipid Profile	\$410
Magnesium	\$195
Partial Thromboplastin Time	\$230
Phosphorus - Inorganic	\$155
Pregnancy Test - Urine HCG	\$400
Procalcitonin	\$287
Prostate Specific Antigen - PSA Screening	\$339
Prothrombin Time	\$159
Rapid Strep	\$255
SARS-COV-2 COVID-19	\$206
Testosterone, Total	\$662
Thyroid Stimulating Hormone	\$379
Urinalysis with Microscopy	\$202
Vitamin B-12 Level	\$539

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.

