

# Patient Price Information List

## January 1, 2024

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, 2024.

### Room & Board - Per Day Charges

Medical / Surgical - Private	\$4,008
Medical / Surgical - Semi Private	\$3,874
Telemetry Charge	\$7,682
Intensive Care	\$9,484

### Observation - Hourly Charges

Low Complexity 1 Day	\$167
Low Complexity 2 Day	\$167

## 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	\$1,194	Level 4	\$3,102
Level 2	\$1,551	Level 5	\$4,534
Level 3	\$1,910		

## 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	\$5,230	\$59
Minor - Complex	\$12,595	\$62
Major	\$14,003	\$65
Major - Complex	\$16,346	\$71

# Patient Price Information List

## January 1, 2024

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	\$353	Gait Training Therapy, each 15 min	\$286
Therapeutic Procedure, each 15 min	\$286	Manual Therapy, each 15 min	\$353
Neuromuscular Therapy, each 15 min	\$353	Phys. Therapy Evaluation - Low Complexity	\$657
Aquatic Therapy, each 15 min	\$353	Phys. Therapy Evaluation - Mod Complexity	\$670
Electrical Stimulation	\$319	Phys. Therapy Evaluation - High Complexity	\$683

### Occupational Therapy

Therapeutic Activities, each 15 min	\$353	Occ. Therapy Evaluation - Low Complexity	\$657
Self Care Management Training	\$285	Ultrasound, each 15 min	\$148
Manual Therapy, each 15 min	\$353	Wheelchair mobility, each 15 min	\$286
Fluidotherapy	\$270	Orthotic / Splint Fitting	\$241
Therapeutic Procedure, each 15 min	\$286	Orthotic / Splint Management	\$286

### Respiratory Therapy

Demo / Eval of Aerosol Device Usage	\$497
Six Minute Walk Test	\$602
Aerosol Treatment (Inhalation Therapy)	\$667
Arterial Blood Gas (ABG) Analysis	\$705
Spirometry	\$887
Arterial Blood Draw for Diagnosis	\$1,430
Complete Pulmonary Function Test (Spirometry, Lung Volumes, Diffusion Capacity Evaluation)	\$3,413
Complete Pulmonary Function w/Bronchodilator Test (Bronchospasm, Lung Volumes, Diffused Capacity)	\$4,035
Bronchoprovocation Study w/Lung Volumes & DLCO (Bronchoprovocation, Lung Volumes, Diffused Capacity)	\$7,213

### Sleep Laboratory

Polysomnography, 4 or more Parameters, >6 yrs. old	\$11,878
Polysomnography with CPAP/BIPAP, 4 or more Parameters, >6 yrs. old	\$12,839

# Patient Price Information List

## January 1, 2024

### Pain Medicine

New Patient, Office Visit, Level 2	\$408
New Patient, Office Visit, Level 3	\$549
New Patient, Office Visit, Level 4	\$643
Established Patient, Office Visit, Level 1	\$272
Established Patient, Office Visit, Level 2	\$369
Established Patient, Office Visit, Level 3	\$499
Established Patient, Office Visit, Level 4	\$584
Established Patient, Office Visit, Level 5	\$683
Injection, Single or Multiple Trigger Points, 1-2 Muscles	\$1,289
Injection, Single or Multiple Trigger Points, 3 or More Muscles	\$1,331
Aspiration or Injection, Major Joint or Bursa	\$1,957
Injection, Major Joint with Ultrasound	\$2,163
Radiofrequency Ablation	\$2,817
Injection, Paravertebral Facet Joint, Cervical or Thoracic, with Imaging	\$4,672
Injection, Sacroiliac Joint, Anesthetic / Steroid, with Arthrography	\$5,556
Injection, Foramen Epidural, Lumbar or Sacral, Single	\$5,556
Injection, Lumbar or Sacral, Joint w/ Imaging Guidance, Bilateral, Level 2	\$6,258
Injection, Lumbar or Sacral, Joint w/ Imaging Guidance, Bilateral	\$7,211
Injection, Epidural or Subcutaneous, Lumbar or Sacral with Imaging	\$8,136
Other Peripheral Nerve Block	\$8,136
Greater Occipital Nerve Block, Bilateral	\$11,119

### 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	\$12,621	XR Abdomen Single AP View	\$686
CT Abdomen and Pelvis w/o Contrast	\$10,391	XR Ankle 3 or more Views	\$1,292
CT Brain w/o Contrast	\$5,191	XR Chest PA and Lateral	\$852
CT Cervical Spine w/o contrast	\$5,191	XR Chest Single View	\$720
CT Chest w/o Contrast	\$5,191	XR Foot Complete 3 or More Views	\$1,447
CT Chest with Contrast	\$5,914	XR Hand 3 or More Views	\$964
CT Maxillofacial w/o Enhance	\$4,894	XR Hip Complete 2-3 Views	\$919
CTA Chest with & w/o Contrast	\$8,677	XR Knee Complete 4 or More Views	\$1,658
MRA Head w/o Contrast	\$7,404	XR Lumbar Spine 2 or 3 Views	\$1,402
MRI Brain w/o Contrast	\$8,831	XR Lumbar Spine 4 or More Views	\$1,658
MRI Brain with and w/o Contrast	\$12,791	XR Shoulder 2 or More Views	\$888
MRI Spinal Canal Cervical w/o Contrast	\$7,404	XR Spine - Cervical 4 or More Views	\$1,447
MRI Spine Lumbar w/o Contrast	\$7,404	XR Wrist Complete 3 or More Views	\$970
Ultrasound Transvaginal	\$1,868	3D Tomography Screening Mammography	\$435
Ultrasound Abdomen Complete	\$2,439	Ultrasound Breast	\$1,290
Ultrasound Abdomen Limited	\$1,730	Bone Density	\$925
Ultrasound Retroperitoneal Complete	\$1,868		

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## January 1, 2024

### Laboratory Services

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

Laboratory Services			
Antibody Screen	\$449	Lactic Acid	\$382
Auto Erythrocyte Sed Rate	\$129	Lipid Profile	\$422
Bacterial Urine Culture, Quant. Count	\$398	Magnesium	\$201
Basic Metabolic Panel	\$418	Partial Thromboplastin Time	\$237
Blood Draw Fee	\$59	Phosphorus - Inorganic	\$160
CBC w/o Differential	\$206	Pregnancy Test - Urine HCG	\$412
CBC with Differential	\$246	Procalcitonin	\$296
Comprehensive Metabolic Panel	\$489	Prostate Specific Antigen - PSA Screening	\$349
Culture Strep	\$332	Prothrombin Time	\$164
Ferritin	\$415	Rapid Strep	\$263
Hemoglobin A1C	\$346	SARS-COV-2 COVID-19	\$212
Hematocrit	\$115	Thyroid Stimulating Hormone	\$390
Hemoglobin	\$113	Troponin I (Serum) - Protein Test	\$496
Influenza	\$226	Urinalysis with Microscopy	\$208
Hepatic Function Panel	\$346	Vitamin B-12 Level	\$555

### 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.