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.

<table>
<thead>
<tr>
<th>Room &amp; Board - Per Day Charges</th>
<th>Observation - Hourly Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical / Surgical - Private</td>
<td>Low Complexity 1 Day</td>
</tr>
<tr>
<td></td>
<td>$4,008</td>
</tr>
<tr>
<td>Medical / Surgical - Semi Private</td>
<td>Low Complexity 2 Day</td>
</tr>
<tr>
<td></td>
<td>$3,874</td>
</tr>
<tr>
<td>Telemetry Charge</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$7,682</td>
</tr>
<tr>
<td>Intensive Care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$9,484</td>
</tr>
<tr>
<td></td>
<td>$167</td>
</tr>
<tr>
<td></td>
<td>$167</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Emergency Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1</td>
</tr>
<tr>
<td>$1,194</td>
</tr>
<tr>
<td>Level 2</td>
</tr>
<tr>
<td>$1,551</td>
</tr>
<tr>
<td>Level 3</td>
</tr>
<tr>
<td>$1,910</td>
</tr>
<tr>
<td>Level 4</td>
</tr>
<tr>
<td>$3,102</td>
</tr>
<tr>
<td>Level 5</td>
</tr>
<tr>
<td>$4,534</td>
</tr>
</tbody>
</table>

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.

<table>
<thead>
<tr>
<th>Operating Room Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complexity Level</td>
</tr>
<tr>
<td>Minor</td>
</tr>
<tr>
<td>$5,230</td>
</tr>
<tr>
<td>Minor - Complex</td>
</tr>
<tr>
<td>$12,595</td>
</tr>
<tr>
<td>Major</td>
</tr>
<tr>
<td>$14,003</td>
</tr>
<tr>
<td>Major - Complex</td>
</tr>
<tr>
<td>$16,346</td>
</tr>
<tr>
<td>First Hour Charge</td>
</tr>
<tr>
<td>Additional Min.</td>
</tr>
<tr>
<td>$59</td>
</tr>
<tr>
<td>$62</td>
</tr>
<tr>
<td>$65</td>
</tr>
<tr>
<td>$71</td>
</tr>
</tbody>
</table>
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

<table>
<thead>
<tr>
<th>Service</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Activity, each 15 min</td>
<td>$353</td>
</tr>
<tr>
<td>Therapeutic Procedure, each 15 min</td>
<td>$286</td>
</tr>
<tr>
<td>Neuromuscular Therapy, each 15 min</td>
<td>$353</td>
</tr>
<tr>
<td>Aquatic Therapy, each 15 min</td>
<td>$353</td>
</tr>
<tr>
<td>Electrical Stimulation</td>
<td>$319</td>
</tr>
<tr>
<td>Gait Training Therapy, each 15 min</td>
<td>$286</td>
</tr>
<tr>
<td>Manual Therapy, each 15 min</td>
<td>$353</td>
</tr>
<tr>
<td>Phys. Therapy Evaluation - Low Complexity</td>
<td>$657</td>
</tr>
<tr>
<td>Phys. Therapy Evaluation - Mod Complexity</td>
<td>$670</td>
</tr>
<tr>
<td>Phys. Therapy Evaluation - High Complexity</td>
<td>$683</td>
</tr>
</tbody>
</table>

### Occupational Therapy

<table>
<thead>
<tr>
<th>Service</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic Activities, each 15 min</td>
<td>$353</td>
</tr>
<tr>
<td>Self Care Management Training</td>
<td>$285</td>
</tr>
<tr>
<td>Manual Therapy, each 15 min</td>
<td>$353</td>
</tr>
<tr>
<td>Fluidotherapy</td>
<td>$270</td>
</tr>
<tr>
<td>Therapeutic Procedure, each 15 min</td>
<td>$286</td>
</tr>
<tr>
<td>Occ. Therapy Evaluation - Low Complexity</td>
<td>$657</td>
</tr>
<tr>
<td>Ultrasound, each 15 min</td>
<td>$148</td>
</tr>
<tr>
<td>Wheelchair mobility, each 15 min</td>
<td>$286</td>
</tr>
<tr>
<td>Orthotic / Splint Fitting</td>
<td>$241</td>
</tr>
<tr>
<td>Orthotic / Splint Management</td>
<td>$286</td>
</tr>
</tbody>
</table>

### Respiratory Therapy

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

### Sleep Laboratory

<table>
<thead>
<tr>
<th>Service</th>
<th>Charge</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polysomnography, 4 or more Parameters, &gt;6 yrs. old</td>
<td>$11,878</td>
</tr>
<tr>
<td>Polysomnography with CPAP/BIPAP, 4 or more Parameters, &gt;6 yrs. old</td>
<td>$12,839</td>
</tr>
</tbody>
</table>
### Patient Price Information List
January 1, 2024

#### Pain Medicine

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

#### Imaging Services

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

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

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

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

## 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.