

# Patient Price Information List

## January 1, 2026

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 Account Services at (330) 255-3101. The prices presented below are correct as of January 1, 2026.

Room & Board - Per Day Charges	
Medical / Surgical - Private	\$4,252
Medical / Surgical - Semi Private	\$4,110
Telemetry Charge	\$8,149
Intensive Care	\$10,062

Observation - Hourly Charges	
Low Complexity 1 Day	\$177
Low Complexity 2 Day	\$177

## 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	\$1,267	Level 4	\$3,291
Level 2	\$1,646	Level 5	\$4,810
Level 3	\$2,026		

## 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	\$5,549	\$63
Minor - Complex	\$13,362	\$66
Major	\$14,856	\$69
Major - Complex	\$17,341	\$75

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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	\$375	Gait Training Therapy, each 15 min	\$304
Therapeutic Procedure, each 15 min	\$304	Manual Therapy, each 15 min	\$375
Neuromuscular Therapy, each 15 min	\$375	Phys. Therapy Evaluation - Low Complexity	\$697
Aquatic Therapy, each 15 min	\$375	Phys. Therapy Evaluation - Mod Complexity	\$711
Electrical Stimulation	\$339	Phys. Therapy Evaluation - High Complexity	\$724

### Occupational Therapy

Therapeutic Activities, each 15 min	\$375	Occ. Therapy Evaluation - Low Complexity	\$697
Self Care Management Training	\$303	Ultrasound, each 15 min	\$157
Manual Therapy, each 15 min	\$375	Wheelchair mobility, each 15 min	\$304
Fluidotherapy	\$286	Orthotic / Splint Fitting	\$255
Therapeutic Procedure, each 15 min	\$304	Orthotic / Splint Management	\$304

### Respiratory Therapy

Demo / Eval of Aerosol Device Usage	\$527
Six Minute Walk Test	\$639
Aerosol Treatment (Inhalation Therapy)	\$708
Arterial Blood Gas (ABG) Analysis	\$748
Pulmonary Function Test via Plethysmography	\$923
Spirometry	\$941
Arterial Blood Draw for Diagnosis	\$1,517
Complete Pulmonary Function Test (Spirometry, Lung Volumes, Diffusion Capacity Evaluation)	\$3,620
Complete Pulmonary Function w/Bronchodilator Test (Bronchospasm, Lung Volumes, Diffused Capacity)	\$4,280
Bronchoprovocation Study w/Lung Volumes & DLCO (Bronchoprovocation, Lung Volumes, Diffused Capacity)	\$7,652

### Sleep Laboratory

Unattended Home Sleep Study & Respiratory Effort	\$2,032
Polysomnography, 4 or more Parameters, >6 yrs. old	\$12,601
Polysomnography with CPAP/BIPAP, 4 or more Parameters, >6 yrs. old	\$13,621

### Urology

Established Patient, Office Visit, Level 1	\$275
Established Patient, Office Visit, Level 2	\$323
Automated Urinalysis w/o Scope	\$147
US Urine Capacity Measure	\$1,350
Cystoscopy	\$4,774

### Wound Care

Established Patient, Office Visit, Level 1	\$303
Established Patient, Office Visit, Level 2	\$413
Application of Apligraf Skin Substitute per SQ CM	\$358
Application of PuraPly Antimicrobial Wound Matrix 12 SQ CM	\$1,355
Debriding up to 20 SQ CM of Subcutaneous Tissue	\$4,273

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The following charges reflect the hospital's most common pain medicine services.

Pain Medicine	
New Patient, Office Visit, Level 2	\$433
New Patient, Office Visit, Level 3	\$582
New Patient, Office Visit, Level 4	\$682
Established Patient, Office Visit, Level 1	\$288
Established Patient, Office Visit, Level 2	\$391
Established Patient, Office Visit, Level 3	\$529
Established Patient, Office Visit, Level 4	\$620
Established Patient, Office Visit, Level 5	\$724
Injection, Single or Multiple Trigger Points, 1-2 Muscles	\$1,368
Injection, Single or Multiple Trigger Points, 3 or More Muscles	\$1,412
Chemodenervation for Musculoskeletal Migraine	\$1,737
Aspiration or Injection, Major Joint or Bursa	\$2,076
Injection, Major Joint with Ultrasound	\$2,295
Injection, Paravertebral Facet Joint, Cervical or Thoracic, with Imaging	\$4,956
Injection, Sacroiliac Joint, Anesthetic / Steroid, with Arthrography	\$5,895
Injection, Foramen Epidural, Lumbar or Sacral, Single	\$5,895
Injection, Lumbar or Sacral, Joint w/ Imaging Guidance, Bilateral, Level 2	\$6,639
Injection, Lumbar or Sacral, Joint w/ Imaging Guidance, Bilateral	\$7,650
Injection, Epidural or Subcutaneous, Lumbar or Sacral with Imaging	\$8,631
Other Peripheral Nerve Block	\$8,631
Destroy Nerves Supplying the Lumbar and Sacral Facet Joints, Bilateral	\$10,496

## Imaging Services

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

X - Ray and Radiological Services			
CT Abdomen and Pelvis with Contrast	\$13,390	XR Abdomen Single AP View	\$728
CT Abdomen and Pelvis w/o Contrast	\$11,024	XR Ankle 3 or more Views	\$1,371
CT Brain w/o Contrast	\$5,507	XR Chest PA and Lateral	\$904
CT Cervical Spine w/o contrast	\$5,507	XR Chest Single View	\$764
CT Chest w/o Contrast	\$5,507	XR Foot Complete 3 or More Views	\$1,535
CT Chest with Contrast	\$6,274	XR Hand 3 or More Views	\$1,023
CT Maxillofacial w/o Enhance	\$5,192	XR Hip Complete 2-3 Views	\$975
CTA Chest with & w/o Contrast	\$9,205	XR Knee Complete 4 or More Views	\$1,759
MRA Head w/o Contrast	\$7,855	XR Lumbar Spine 2 or 3 Views	\$1,487
MRI Brain w/o Contrast	\$9,369	XR Lumbar Spine 4 or More Views	\$1,759
MRI Brain with and w/o Contrast	\$13,570	XR Shoulder 2 or More Views	\$942
MRI Spinal Canal Cervical w/o Contrast	\$7,855	XR Spine - Cervical 4 or More Views	\$1,535
MRI Spine Lumbar w/o Contrast	\$7,855	XR Wrist Complete 3 or More Views	\$1,029
Ultrasound Transvaginal	\$1,982	3D Tomography Screening Mammography	\$461
Ultrasound Abdomen Complete	\$2,587	Ultrasound Breast	\$1,369
Ultrasound Abdomen Limited	\$1,835	Bone Density	\$982
Ultrasound Retroperitoneal Complete	\$1,982		

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### Laboratory Services

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

Laboratory Services			
Allergen Antibodies	\$202	Lactic Acid	\$405
Antibody Screen	\$476	Lipid Profile	\$448
Auto Erythrocyte Sed Rate	\$137	Magnesium	\$213
Bacterial Urine Culture, Quant. Count	\$422	Partial Thromboplastin Time	\$251
Basic Metabolic Panel	\$444	Phosphorus - Inorganic	\$170
Blood Draw Fee	\$63	Pregnancy Test - Urine HCG	\$437
CBC w/o Differential	\$218	Procalcitonin	\$314
CBC with Differential	\$261	Prostate Specific Antigen - PSA Screening	\$370
Comprehensive Metabolic Panel	\$519	Prothrombin Time	\$174
Culture Strep	\$352	Rapid Strep	\$279
Ferritin	\$440	SARS-COV-2, Influenza A & B and RSV	\$606
Hemoglobin A1C	\$367	Thyroid Stimulating Hormone	\$414
Hematocrit	\$122	Troponin I (Serum) - Protein Test	\$526
Hemoglobin	\$119	Urinalysis with Microscopy	\$220
Hepatic Function Panel	\$367	Vitamin B-12 Level	\$589

### 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 Account 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.