

Patient Price Information List

January 1, 2021

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, 2021.

Room & Board - Per Day Charges	
Medical / Surgical - Private	\$3,891
Medical / Surgical - Semi Private	\$3,761
Telemetry Charge	\$6,968
Intensive Care	\$8,603

Observation - Hourly Charges	
Low Complexity 1 Day	\$157
Low Complexity 2 Day	\$157

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	\$1,082	Level 4	\$2,812
Level 2	\$1,406	Level 5	\$4,110
Level 3	\$1,731		

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	\$4,740	\$53
Minor - Complex	\$11,415	\$56
Major	\$12,691	\$59
Major - Complex	\$14,815	\$64

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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	\$320	Neuromuscular Therapy, each 15 min	\$320
Therapeutic Procedure, each 15 min	\$260	Gait Training Therapy, each 15 min	\$260
Work Conditioning, each 15 min	\$102	Manual Therapy, each 15 min	\$320
Aquatic Therapy, each 15 min	\$320	Phys. Therapy Evaluation - Low Complexity	\$595
Electrical Stimulation	\$289	Phys. Therapy Evaluation - Mod Complexity	\$607

Occupational Therapy

Therapeutic Activities, each 15 min	\$320	Occ. Therapy Evaluation - Low Complexity	\$595
Self Care Management Training	\$259	Ultrasound, each 15 min	\$135
Manual Therapy, each 15 min	\$320	Wheelchair mobility, each 15 min	\$260
Fluidotherapy	\$244	Orthotic / Splint Fitting	\$218
Therapeutic Procedure, each 15 min	\$260	Orthotic / Splint Management	\$260

Respiratory Therapy

Aerosol Treatment (Inhalation Therapy)	\$605
Arterial Blood Gas (ABG) Analysis	\$638
Arterial Blood Draw for Diagnosis	\$1,296
Spirometry	\$804
Six Minute Walk Test	\$545
Bronchoprovocation Study	\$4,247
Complete Pulmonary Function Test (Spirometry, Lung Volumes, Diffusion Capacity Evaluation)	\$3,093
Complete Pulmonary Function w/Bronchodilator Test (Bronchospasm, Lung Volumes, Diffused Capacity)	\$3,656
Bronchoprovocation Study w/Lung Volumes & DLCO (Bronchoprovocation, Lung Volumes, Diffused Capacity)	\$6,536

Sleep Laboratory

Polysomnography, 4 or more Parameters, >6 yrs. old	\$11,637
Polysomnography with CPAP/BIPAP, 4 or more Parameters, >6 yrs. old	\$10,765



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Pain Medicine

New Patient, Office Visit, Level 2	\$369
New Patient, Office Visit, Level 3	\$497
New Patient, Office Visit, Level 4	\$583
Established Patient, Office Visit, Level 1	\$246
Established Patient, Office Visit, Level 2	\$335
Established Patient, Office Visit, Level 3	\$452
Established Patient, Office Visit, Level 4	\$529
Established Patient, Office Visit, Level 5	\$619
Injection, Single or Multiple Trigger Points, 1-2 Muscles	\$1,166
Injection, Single or Multiple Trigger Points, 3 or More Muscles	\$1,206
Aspiration or Injection, Major Joint or Bursa	\$1,976
Injection, Major Joint with Ultrasound	\$2,172
Radiofrequency Ablation	\$2,553
Radiofrequency Ablation, Bilateral	\$3,830
Injection, Paravertebral Facet Joint, Cervical or Thoracic, with Imaging	\$4,235
Injection, Sacroiliac Joint, Anesthetic / Steroid, with Arthrography	\$5,036
Injection, Foramen Epidural, Lumbar or Sacral, Single	\$5,036
Injection, Paravertebral Facet Joint with Imaging Guidance, Bilateral	\$6,536
Injection, Epidural or Subcutaneous, Lumbar or Sacral with Imaging	\$7,374
Other Peripheral Nerve Block	\$7,374
Greater Occipital Nerve Block, Bilateral	\$10,078

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	\$11,438	Ultrasound Abdomen Limited	\$1,568
CT Abdomen and Pelvis w/o Contrast	\$9,417	Ultrasound Retroperitoneal Complete	\$1,693
CT Brain w/o Contrast	\$4,705	XR Abdomen Single AP View	\$622
CT Cervical Spine w/o contrast	\$4,705	XR Ankle 3 or more Views	\$1,170
CT Chest w/o Contrast	\$4,705	XR Chest PA and Lateral	\$772
CT Chest with Contrast	\$5,361	XR Chest Single View	\$653
CT Maxillofacial w/o Enhance	\$4,436	XR Foot Complete 3 or More Views	\$1,312
CTA Chest with & w/o Contrast	\$7,864	XR Hand 3 or More Views	\$874
MRA Head w/o Contrast	\$6,711	XR Hip Complete 2-3 Views	\$833
MRI Brain w/o Contrast	\$8,004	XR Knee Complete 4 or More Views	\$1,503
MRI Brain with and w/o Contrast	\$11,592	XR Lumbar Spine 2 or 3 Views	\$1,270
MRI Spinal Canal Cervical w/o Contrast	\$6,711	XR Lumbar Spine 4 or More Views	\$1,503
MRI Spine Lumbar w/o Contrast	\$6,711	XR Shoulder 2 or More Views	\$805
Ultrasound Transvaginal	\$1,693	XR Spine - Cervical 4 or More Views	\$1,312
Ultrasound Abdomen Complete	\$2,211	XR Wrist Complete 3 or More Views	\$880



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Laboratory Services

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

Laboratory Services			
Antibody Screen	\$407	Hepatic Function Panel	\$313
Auto Erythrocyte Sed Rate	\$116	Lipid Profile	\$383
Bacterial Urine Culture, Quant. Count	\$361	Magnesium	\$182
Basic Metabolic Panel	\$379	Partial Thromboplastin Time	\$214
Blood Draw Fee	\$53	Phosphorus - Inorganic	\$144
CBC w/o Differential	\$187	Pregnancy Test - Urine HCG	\$373
CBC with Differential	\$223	Procalcitonin	\$268
Comprehensive Metabolic Panel	\$443	Prostate Specific Antigen - PSA Screening	\$316
Culture Strep	\$301	Prothrombin Time	\$148
Ferritin	\$376	Rapid Strep	\$238
Free Thyroxine	\$363	SARS-COV-2 COVID-19	\$192
Hemoglobin A1C	\$313	Testosterone, Total	\$618
Hematocrit	\$105	Thyroid Stimulating Hormone	\$354
Hemoglobin	\$103	Urinalysis with Microscopy	\$188
Influenza	\$205	Vitamin B-12 Level	\$503

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.