

# Henry County Hospital

## Patient Price Information List

In compliance with state law, Henry County Hospital is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospital's charges are the same for all patients, but a patient's responsibility may vary, depending on payment plans negotiated with individual health insurers. Uninsured or underinsured patients should consult with our admitting and billing staff to determine whether they qualify for discounts. These prices are correct as of November 1, 2007.

### Room and Board -- Per Day Charges

	Charges
Intensive care	867.00
Nursery	483.00
Med-Surg Private Room	509.00

### Labor and Delivery Charges

*The following list does not include charges for anesthesia, drugs, or supplies required for a particular delivery room procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.*

	Charges
OB Birthing Room	523.00
Delivery Room	2186.00
Fetal Monitor	165.00

### Emergency Department Charges

*Emergency Department charges are based on the level of emergency care provided to our 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 drugs, supplies or additional ancillary procedures that may be required for a particular emergency treatment. They also do not include fees for Emergency Department physicians, who will bill separately for their services.*

	Charges
Level 1	94.00
Level 2	128.00
Level 3	203.00
Level 4	308.00
Level 5	423.00
Critical care	735.00

### Operating Room Charges

*Operating Room charges are based on the complexity level, with level 1 being the most basic, for a particular operation. There is an initial, set-up charge as well as an additional charge for each 15 minutes while the operation is being performed.*

	Charges
Surgery initial hour	2033.00
Surgery each added 1/4 hour	413.25
Colonoscopy 1st 1/2 hour	1194.75
Colonoscopy each added 1/4 hour	299.00
Flex Sigmoid 1st 1/2 hour	538.00
Flex Sigmoid each added 1/4 hour	120.00

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### Physical Therapy Charges

*The following charges reflect the most common services offered by our Physical Therapy department. Patients may have additional charges, depending on the services performed.*

			Charges	
Therapeutic exercise 1/4 HR			58.00	
Gait Training			62.00	
Physical Therapy evaluation			145.00	
Electric Simulation-unatt			44.00	
Ultrasound EA 1/4 hour			57.00	
Therapeutic proc. Group			54.00	
Manual therapy 1/4 HR			54.00	
Therapeutic activity each 1/4 HR			65.00	

### Occupational Therapy Charges

*The following charges reflect the most common services offered by our Occupational Therapy department. Patients may have additional charges, depending on the services performed.*

			Charges	
Therapeutic exercise 1/4 hour			58.00	
Additional-Home management 1/4 hour			56.00	
Manual Therapy OT 1/4 hour			54.00	
Occupational Therapy evaluation			145.00	
Ultrasound each 1/4 hour			57.00	
Therapeutic activity 1/4 hour			65.00	
Speech Therapy			154.00	
Paraffin bath			45.00	

### Respiratory Therapy Charges

*The following charges reflect the most common services offered by our Respiratory Therapy department. Patients may have additional charges, depending on the services performed.*

			Charges	
Oxygen per hour			9.00	
Aerosol/Ippb Subsequent Treatment			60.00	
Spirometry			167.00	
Spirometry with bronchodilator			254.00	

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### X-Ray and Radiological Charges

*The following charges reflect the hospital's 30 most common x-ray and radiological procedures.*

			Charges	
Chest 2 Views			168.00	
Mammogram Bilateral Screen			75.00	
Chest			117.00	
Computed Tomography-Brain without contrast			940.00	
Computed Tomography-Abdomen with contrast			1194.00	
Computed Tomography-Pelvis with contrast			1096.00	
Acute Abdominal Series			311.00	
Computed Tomography-Thorax with contrast			1141.00	
Computed Tomography-Pelvis without contrast			965.00	
Computed Tomography-Abdominal without contrast			1032.00	
Dexa Bone Density			323.00	
Myocardial Perfusion			224.00	
Myocardial Gated Portion			233.00	
Myocardial Perf Spect			1399.00	
Ultrasound-Pregnancy			686.00	
Cervical Spine 2-3 views			161.00	
Pelvis 1 or 2 view			153.00	
Lumbar Spine 2-3 view			153.00	
Lumbar Spine-minimum 4 views			295.00	
Transvaginal Ultrasound			526.00	
Finger, minimum 2 view			84.00	
Abdomen-Anterior Posterior view			221.00	
Carotid Duplex Bilateral			497.00	
Ankle minimum 3 views			145.00	
Hip minimum 2 Views			107.00	
Hand minimum 3 views			135.00	
Shoulder 2 view			156.00	
Wrist minimum 3 view			135.00	
Foot minimum 3 view			135.00	
Knee 4 view			155.00	

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### Laboratory Charges

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

			Charge	
Specimen Collection Fee			17.00	
Complete Blood Count with Automated Diff			73.00	
Pro Time			34.00	
Comprehensive Metabolic Panel			126.00	
Basic Metabolic Panel			82.00	
Lipid Panel			111.00	
Urinalysis Dipstick Auto with micro			45.00	
Tumor-Specific Antigen			111.00	
Electrolyte Panel			58.00	
Creatin Serum			29.00	
Urea Nitrogen (BUN)			27.00	
Creatine Phosphokinase Creatine Kinase Total			41.00	
Troponin-I			91.00	
Creatine Phosphokinase - Muscle Brain			56.00	
Serum Glutamic-Oxaloacetic Transaminase - Aspartate Transaminase			45.00	
Hemoglobin Glycated			79.00	
Serum Glutamate Pyruvate Transaminase - Adult T-cell Leukemia/Lymphoma			49.00	
Hemocue - Glucose			33.00	
Culture, Urine			65.00	
Myoglobin			94.00	
Blood Count Hemogram			44.00	
Peroxidase-Antiperoxidase -Thin prep-screen			77.00	
Sed rate - automated			28.00	
Partial Thromboplastin Time			44.00	
Hepatic (liver) Panel			70.00	
Amylase			36.00	
Glucose Quantitative			33.00	
B-Nateuric Peptide Congested Heart Failure			121.00	
Lipase			84.00	
Hemoglobin			18.00	
Arterial Blood Gases-ABG			92.00	

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### Hospital Billing Policies

*If valid insurance information is provided, the Insurance Company will be billed on the patient's behalf. If payment and/or denial is received, the patient will be billed for the balance. If no insurance information is given, the patient will be billed for the balance due. Programs are available for assistance. If no payment or communication is received from the patient, the balance will be directed to our collection agency.*



## The Consumer's Guide to Quality Health Care in Ohio

*Consumers can access a number of government and private Websites, which provide additional information on hospitals' charges and quality. For a complete listing of available online resources, please visit the *Consumer's Guide to Quality Health Care in Ohio* at [www.ohanet.org/portal](http://www.ohanet.org/portal).*