

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, 2008.

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	2301.00
Fetal Monitor	173.75

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	99.00
Level 2	135.00
Level 3	214.00
Level 4	325.00
Level 5	446.00
Critical care	774.00

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	2139.75
Surgery each added 1/4 hour	435.00
Colonoscopy 1st 1/2 hour	1257.50
Colonoscopy each added 1/4 hour	314.75
Flex Sigmoid 1st 1/2 hour	566.25
Flex Sigmoid each added 1/4 hour	126.50

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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			62.00	
Gait Training			66.00	
Physical Therapy evaluation			153.00	
Electric Simulation-unatt			54.00	
Ultrasound EA 1/4 hour			60.00	
Therapeutic proc. Group			57.00	
Manual therapy 1/4 HR			57.00	
Therapeutic activity each 1/4 HR			69.00	

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			62.00	
Additional-Home management 1/4 hour			59.00	
Manual Therapy OT 1/4 hour			57.00	
Occupational Therapy evaluation			153.00	
Ultrasound each 1/4 hour			60.00	
Therapeutic activity 1/4 hour			69.00	
Speech Therapy			163.00	
Paraffin bath			48.00	

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			114.00	
Aerosol/Ippb Subsequent Treatment			64.00	
Spirometry			176.00	
Spirometry with bronchodilator			268.00	

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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			177.00	
Mammogram Bilateral Screen			75.00	
Chest			124.00	
Computed Tomography-Brain without contrast			990.00	
Computed Tomography-Abdomen with contrast			1257.00	
Computed Tomography-Pelvis with contrast			1154.00	
Acute Abdominal Series			328.00	
Computed Tomography-Thorax with contrast			1201.00	
Computed Tomography-Pelvis without contrast			1016.00	
Computed Tomography-Abdominal without contrast			1087.00	
Dexa Bone Density			340.00	
Myocardial Perfusion			236.00	
Myocardial Gated Portion			246.00	
Myocardial Perf Spect			1473.00	
Ultrasound-Pregnancy			723.00	
Cervical Spine 2-3 views			170.00	
Pelvis 1 or 2 view			162.00	
Lumbar Spine 2-3 view			162.00	
Lumbar Spine-minimum 4 views			311.00	
Transvaginal Ultrasound			554.00	
Finger, minimum 2 view			89.00	
Abdomen-Anterior Posterior view			233.00	
Carotid Duplex Bilateral			524.00	
Ankle minimum 3 views			153.00	
Hip minimum 2 Views			113.00	
Hand minimum 3 views			143.00	
Shoulder 2 view			165.00	
Wrist minimum 3 view			143.00	
Foot minimum 3 view			143.00	
Knee 4 view			164.00	

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Laboratory Charges

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

	Charge
Specimen Collection Fee	18.00
Complete Blood Count with Automated Diff	77.00
Pro Time	36.00
Comprehensive Metabolic Panel	133.00
Basic Metabolic Panel	87.00
Lipid Panel	117.00
Urinalysis Dipstick Auto with micro	48.00
Tumor-Specific Antigen	117.00
Electrolyte Panel	62.00
Creatin Serum	31.00
Urea Nitrogen (BUN)	29.00
Creatine Phosphokinase Creatine Kinase Total	44.00
Troponin-I	96.00
Creatine Phosphokinase - Muscle Brain	59.00
Serum Glutamic-Oxaloacetic Transaminase - Aspartate Transaminase	48.00
Hemoglobin Glycated	84.00
Serum Glutamate Pyruvate Transaminase - Adult T-cell Leukemia/Lymphoma	52.00
Hemocue - Glucose	35.00
Culture, Urine	69.00
Myoglobin	99.00
Blood Count Hemogram	47.00
Peroxidase-Antiperoxidase -Thin prep-screen	82.00
Sed rate - automated	30.00
Partial Thromboplastin Time	47.00
Hepatic (liver) Panel	74.00
Amylase	38.00
Glucose Quantitative	35.00
B-Nateuric Peptide Congested Heart Failure	128.00
Lipase	96.00
Hemoglobin	19.00
Arterial Blood Gases-ABG	97.00

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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.*