



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 11/01/2009.

Room and Board -- Per Day Charges							
			Charges				
Intensive care			954.00				
Nursery			532.00				
Med-Surg Private Room			560.00				
Labor and Delivery Charges							
<p><i>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.</i></p>							
			Charges				
OB Birthing Room			576.00				
Delivery Room			2371.00				
External Fetal Monitor			179.00				

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			102.00				
Level 2			140.00				
Level 3			221.00				
Level 4			335.00				
Level 5			460.00				
Critical care			798.00				

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			2204.00				
Surgery each added 1/4 Hour			448.25				
Colonoscopy 1st 1/2 Hour			1295.25				
Colonoscopy each added 1/4 Hour			324.25				
Flex Sig 1st 1/2 Hour			583.25				
Flex Sig each added 1/4 Hour			130.50				

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 EXER 1/4 HR			64.00
GAIT TRAINING			68.00
PT EVALUATION			158.00
ELECTRIC STIMULATON-UNATT			56.00
ULTRASOUND EA 1/4 HR			62.00
THERAPEUTIC PROC GROUP			59.00
MANUAL THERAPY 1/4 HR			59.00
THERAPEUTIC ACT EA 1/4 HR			72.00

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 1/4H			64.00
ADL-HOME MGMT 1/4 HR			61.00
MANUAL THERAPY OT 1/4 HR			59.00
OT EVALUATION			158.00
ULTRASOUND EA 1/4 HR			62.00
THERAPUTIC ACTIVITY 1/4H			72.00
SPEECH THERAPY			168.00
PARAFFIN BATH			50.00

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
O2 EA 1-12 HR INTERVAL			118.00
AEROSOL/IPPB SUBSQT TX			66.00
SPIROMETRY/PFT			182.00
SPIROMETRY W/BRONCHODILAT			277.00

X-Ray and Radiological Charges

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

			Charges			
CHEST 2 VIEWS			183.00			
MAMMOGRAM BL SCREEN			78.00			
CHEST PA			128.00			
CT-BRAIN W/O CONTRAST			1020.00			
CT-ABD W/CONTRAST			1295.00			
CT-PELVIS W/CONTRAST			1189.00			
ACUTE ABD SERIES-CHEST			338.00			
CT-THORAX W/CONTRAST			1238.00			
CT-PELVIS W/O CONTRAST			1047.00			
CT-ABD W/O CONTRAST			1120.00			
DEXA BONE DENSITY			351.00			
MYOCARDIAL PERF EF			244.00			
MYOCARDIAL GATED PORTION			254.00			
MYOCARDIAL PERF SPECT			1518.00			
US FA PREG UT COMP EVAL			745.00			
CERVICAL SPINE 2-3 VIEWS			176.00			
PELVIS 1 OR 2 VIEW			167.00			
LUMBAR SPINE 2-3 VIEW			167.00			
LUMBAR SPINE-MIN 4 VIEWS			321.00			
TRANSVAGINAL ULTRASOUND			571.00			
FINGER, MIN 2 VIEW			92.00			
ABDOMEN-AP VIEW			240.00			
CAROTID DUPLEX BILATERAL			540.00			
ANKLE MIN 3 VIEWS			158.00			
HIP MIN 2 VIEWS			117.00			
HAND MIN 3 VIEWS			148.00			
SHOULDER 2 VIEW			170.00			
WRIST MIN 3 VIEW			148.00			
FOOT MIN 3 VIEW			148.00			
KNEE 4 VIEW			169.00			

Laboratory Charges

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

	Charge
SPECIMEN COLLECTION FEE	19.00
CBC W/AUTOMATED DIFF	80.00
PRO TIME	38.00
COMP METABOLIC PANEL	137.00
BASIC METABOLIC PANEL	90.00
LIPID PANEL	121.00
UA DIPSTICK AUTO W/MICRO	50.00
TSH	121.00
ELECTROLYTE PANEL	64.00
CREATININE-SERUM	32.00
UREA NITROGEN (BUN)	30.00
CPK CK TOTAL	46.00
TROPONIN-I	99.00
CPK-MB	61.00
SGOT - AST	50.00
HGB GLYCATED	87.00
SGPT - ALT	54.00
HEMOCUE - GLUCOSE	37.00
CULTURE, URINE	72.00
MYOGLOBIN	102.00
BLOOD COUNT HEMOGRAM	49.00
PAP-THIN PREP-SCREEN	85.00
SED RATE - AUTOMATED	31.00
PTT	49.00
HEPATIC (LIVER) PANEL	77.00
AMYLASE	40.00
GLUCOSE QUANTITATIVE	37.00
BNP CONG HEART FAILURE	132.00
LIPASE	92.00
HEMOGLOBIN	20.00
ARTERIAL BLOOD GASES-ABG	100.00

Hospital Billing Policies

If valid insurance information is provided Insurance Company will be billed. If payment and or denial is received, patient will be billed for balance. If no insurance information is given, patient will be billed for balance due. Programs are available for assistance. If no payment or communication is received 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](http://www.ohanet.org/portal) at www.ohanet.org/portal.