

Ashtabula County Medical Center



Patient Price Information List

In compliance with state law, Ashtabula County Medical Center 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 January 1, 2007.

Room and Board -- Per Day Charges

Coronary care	Charges		
	Level 1	Level 2	
	Level 1	Level 2	N/A
Intensive care	Level 1	Level 2	\$1,657.00
Nursery			\$501.00
Oncology			N/A
Psychiatric care			\$1042.00
Routine care			\$710.00

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
Normal Delivery	\$1,442.25
Cesarean Section Delivery	\$1,519.25
Amniocentesis	\$514.75
Fetal Monitor per hour	\$208.50
Labor Room per hour	\$59.75

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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	\$127.75
Level 2	\$238.00
Level 3	\$408.00
Level 4	\$624.00
Level 5	\$754.25
Trauma care	N/A
Critical care	\$1041.75

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 30 minutes while the operation is being performed.

OR Minor first 1/2 hour	\$995.50
OR Minor add 1/2 hour	\$935.50
OR Major first 1/2 hour	\$1150.25
OR Major add 1/2 hour	\$1090.25

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.

PT Evaluation	\$124.75
Therapeutic exercise	\$75.50
Hot or cold packs	\$37.50
Manual Therapy	\$71.75

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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.*

OT evaluation	\$155.50
Neuromuscular Re-Ed	\$40.00
Hot or cold packs	\$35.75

Pulmonary Therapy Charges

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

Aerosol Initial	\$104.75
Aerosol addtnl tx	\$29.95
MDI Initial	\$140.75
MDI addtnl TX	\$29.95

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X-Ray and Radiological Charges

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

CHEST PA/LAT	\$218.50
CHEST 1 VIEW	\$171.00
CT BRAIN WO	\$1,354.00
SCREENING MAMMOGRAM	\$92.75
CAD MAMMOGRAPHY SCREEN	\$37.75
CT ABDOMEN WITH CONTRAST	\$2,253.50
CT PELVIS WITH CONTRAST	\$1,241.25
CT CHEST WITH CONTRAST	\$1,337.50
ABDOMEN SERIES	\$427.75
LUMBAR SPINE 5 VIEWS	\$351.75
FOOT 3 VIEWS	\$230.50
FLUOROSCOPY 1 HR	\$306.50
US PELVIS	\$1034.00
ANKLE 3 VIEWS	\$225.00
NM MYOCARDIAL SPECT W/ WALL MOTION	\$552.25
NM MYOCARDIAL SPECT	\$2218.00
NM MYOCARDIAL PERFUSION	\$612.00
KUB	\$176.50
HAND 3 VIEWS	\$208.50
CERVICAL SPINE 5 VIEWS	\$341.75
CT PELVIS WITHOUT CONTRAST	\$1034.25
CT ABDOMEN WITHOUT CONTRAST	\$2253.50
SHOULDER 2 VIEWS	\$229.50
US TRANS VAGINAL	\$389.25
KNEE 3 VIEWS	\$294.25
WRIST 3 VIEWS	\$221.50
HIP 2 VIEWS	\$250.25
BONE DENSITY	\$257.00
MAMMOGRAM UNILATERAL	\$161.00
MR BRAIN WITHOUT CONTRAST	\$1,081.25

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Laboratory Charges

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

Comprehensive Metabolic	\$127.75
Basic Metabolic	\$88.25
ELECTROLYTE PANEL	\$76.00
Lipid Panel	\$103.75
Hepatic Function	\$127.75
Glucose blood	\$36.50
Thyroid/TSH	\$76.00
TROPONIN	\$113.75
CPK	\$76.00
CPK MB	\$80.50
BNP	\$95.75
PSA	\$121.25
Lipase	\$92.75
Iron Serum	\$57.25
BHCG Qual	\$62.75
CRP Quant	\$67.25
Glycohemoglobin	\$81.75
CBC	\$48.50
Hemoglobin	\$28.50
Hematocrit	\$22.00
Pro-time	\$27.50
APTT	\$58.50
D-DIMER FOR DVT	\$99.25
TYPE & SCREEN	\$159.25
Influenza A Antigen	\$40.75
Influenza B Antigen	\$40.75
Rapid Group A Strep	\$84.75
Urinalysis	\$39.75
Culture Urine	\$69.50
Creatinine Clearance	\$88.25
Total Protein-Urine	\$53.00

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Hospital Billing Policies



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.