



# **Patient Price Information List**

In compliance with state law, Cleveland Clinic 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, 2022.

#### Room and Board – Per Day Charges

Coronary care	\$ 5,496	Psychiatry	\$ 1,784
Intensive care	\$ 5,496	Chemical Dependency/Detox	\$ 1,784
Medical/Surgical	\$ 2,161	Neonatal Intensive Care	\$ 5,496
Step Down	\$ 3,634	Rehabilitation	\$ 1,784

#### 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.

Vaginal Delivery Single	N/A	Cesarean Section Delivery Single	N/A
Vaginal Delivery Twins	N/A	Cesarean Section Delivery Twins	N/A
Vaginal Delivery Triplets	N/A	Cesarean Section Delivery Triplets	N/A

# **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.

Level 1	\$ 342	Critical care, Initial	\$ 4,274
Level 2	\$ 621	Critical care, Additional	\$ 1,974
Level 3	\$ 1,092		
Level 4	\$ 1,772		
Level 5	\$ 2,598		

# **Operating Room Charges**

Operating Room charges are based on the complexity level, with Type 1 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 reflected, and will be billed separately by your physician.

#### Per 30 minute increment

Level 1	\$ 2,241	Level 1 each additional 30 mins	\$ 2,241
Level 2	\$ 2,570	Level 2 each additional 30 mins	\$ 2,570
Level 3	\$ 3,132	Level 3 each additional 30 mins	\$ 3,132
Level 4	\$ 3,828	Level 4 each additional 30 mins	\$ 3,828
Level 5	\$ 3,951	Level 5 each additional 30 mins	\$ 3,951
Level 6	\$ 4,222	Level 6 each additional 30 mins	\$ 4,222

#### **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.

Evaluation & Report		494
Gait Training	\$	181
Therapeutic Exercise/per 15 min	\$	205
Therapeutic Group	\$	128

### **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.

Evaluation & Report	\$ 534
Gait Training	\$ 205
Therapeutic Group	\$ 128

### **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.

Airway Inhiliation Treatment	\$ 319
CPAP Initiation and Management	\$ 319
Spirometry	\$ 277

# X-Ray and Radiological Charges

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

XR Chest 1 View	\$ 166
XR Chest 2 Views	\$ 210
Screening Mammography, bilateral, with CAD	\$ 483
XR Addomen 1 View	\$ 180
XR Foot 3 Views Minimum	\$ 361
XR Knee 4 Views or More	\$ 443
CT Abdomen & Pelvis w Contrast	\$ 2,570
CT Head Brain wo Contrast	\$ 1,250
Ultrasound Extremity Limited	\$ 442
CT Thorax w Contrast	\$ 1,367
XR Shoulder 2 Views	\$ 356
Ultrasound Abdomen Limited	\$ 722
CT Thorax wo Contrast	\$ 1,447
XR Hip, Uniteral, 2-3 views	\$ 370
Screening Digital Tomography of Both Breasts	\$ 111

XR Spine Lumbosacral 2 or 3 Views Ultrasound Transvaginal NonOB XR Hand 3 Views Minimum Ultrasound Pelvic NonOB MRI Brain w wo Contrast XR Ankle 3 Views Ultrasound Pregnant Uterus, Follow up Ultrasound Breast Unilateral Limited Bone Density DEXA Ultrasound Retroperitoneal CT, Abdomen and Pelvis wo Cont	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	371 646 381 544 2,637 361 419 418 289 774 1,693
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CT Angio Chest w wo Contrast	\$	2,018
Diagnostic Mammography, unilateral, with CAD	\$	446
Ultrasound of Head and Neck	\$	896
XR Wrist 3 Views Minimum	\$	359

# Laboratory Charges

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

Glucose, Blood, Scan	\$ 20	Prothrombin Time	\$ 48
Comprehensive Metabolic Panel	\$ 158	Lipid Panel	\$ 111
CBC/Differential	\$ 67	TSH	\$ 143
CBC	\$ 58	Partial Thromboplastin Time	\$ 57
Lactic Acid	\$ 78	Phosphorus Serum	\$ 165
Potassium	\$ 27	HbA1c	\$ 80
Ionized Calcium	\$ 95	Surgical Pathology, Level 4	\$ 942
Sodium	\$ 28	Vitamin D	\$ 219
Glucose, Blood, Quantitative	\$ 43	Urinalysis w/microscopy	\$ 46
Blood Gases	\$ 294	Blood Typing, ABO	\$ 61
Hemoglobin	\$ 55	Blood Typing, Rh (D)	\$ 53
Carboxyhemoglobin	\$ 75	Antibody Screen	\$ 111
Hemoglobin, methemoglobin	\$ 49	Urinalysis, routine	\$ 20
Magnesium	\$ 194	Bacterial Urine Culture	\$ 67
Basic Metabolic Panel	\$ 104	Venipuncture	\$ 31

# **Hospital Billing Policies**

We want to make sure that you receive the full benefits of your insurance coverage as well as consideration under our financial assistance programs, if applicable. Before we bill you, we bill your insurance provider, including Medicare and Medicaid, and any secondary insurance providers. We do not charge interest on any balance due after insurance payments are received. We will send an easy-to-understand 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, you may contact us regarding applying for financial assistance or being set up on a payment plan. Emergency service will never be delayed or withheld on the basis of a patient's ability to pay.

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 ohanet.org/portal.