



## Patient Price Information List

*EFFECTIVE 01/01/2025 EXCEPT WHERE NOTED*

In compliance with state law, Wayne HealthCare, is providing this price list containing 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 1/1/2025.

### ROOM & BOARD

ROOM & BOARD	CHARGE/ DAY
Intensive care	\$ 4,223.00
Nursery	\$ 1,542.00
Observation	
<i>\$137 per hour stay does not include ICU</i>	\$ 3,288.00
Private	\$ 3,288.00

### LABOR & DELIVERY

LABOR & DELIVERY	CHARGE/ DAY
Labor and Delivery Charges	
Delivery Set up Room	\$6,309.00
FETAL NON-STRESS TEST (NON STRESS)	\$1,336.00

### EMERGENCY DEPARTMENT

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.

EMERGENCY DEPARTMENT CHARGES (Treatment Charges Only)	CHARGE/ DAY
HS LEVEL 1	\$ 352.00
HS LEVEL 2	\$ 750.00
HS LEVEL 3	\$ 1,129.00
HS LEVEL 4	\$ 1,776.00
HS LEVEL 5	\$ 2,546.00
CRITICAL CARE FIRST 30-74 MIN	\$ 3,363.00

## OPERATING ROOM

Operating Room charges are based on the complexity level, with level 1 being the most basic. There is an initial 30 minute set-up charge as well as a charge for each additional minute while the operation is being performed.

SET-UP CHARGE	INITIAL	ADDITIONAL PER MINUTE CHARGE
OR LEVEL 1 - 1ST 30 MINUTES	\$ 2,213.00	\$ 41.00
OR LEVEL 2 - 1ST 30 MINUTES	\$ 2,886.00	\$ 66.00
OR LEVEL 3 - 1ST 30 MINUTES	\$ 3,632.00	\$ 75.00
OR LEVEL 4 - 1ST 30 MINUTES	\$ 4,329.00	\$ 92.00
OR LEVEL 5 - 1ST 30 MINUTES	\$ 4,846.00	\$ 114.00
PHASE 1 RECOVERY 1ST 30 MIN	\$ 850.00	\$ 35.00
PHASE 2 RECOVERY 1ST 30 MIN	\$ 700.00	\$ 30.00

SCOPES	CHARGE
SCOPE LEVEL 1	\$ 2,745.00
SCOPE LEVEL 2	\$ 4,385.00

## PHYSICAL THERAPY

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

PHYSICAL THERAPY CHARGES	CPT Code	TIME	CHARGE PER TIME PERIOD
Mechanical Traction	97012		\$ 55.00
Paraffin Bath	97018		\$ 27.00
Whirlpool	97022		\$ 237.00
Electrical Stimulation	97032	15 min	\$ 180.00
IONTOPHORESIS	97033	15 min	\$ 157.00
CONTRAST BATHS	97034	15 min	\$ 146.00
Ultrasound	97035	15 min	\$ 48.00
Aquatic Therapy	97113	15 min	\$ 133.00
Gait Training	97116	15 min	\$ 119.00
Massage	97124	15 min	\$ 155.00
Mobilization	97140	15 min	\$ 110.00
Eval Low Complexity	97161	20 min	\$ 329.00
Eval Moderate Complexity	97162	30 min	\$ 329.00
Eval High Complexity	97163	45 min	\$ 320.00
Re-Eval Est Plan Care	97164	20 min	\$ 185.00
Therapeutic Activies	97530	15 min	\$ 147.00

## OCCUPATIONAL THERAPY

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

OCCUPATIONAL THERAPY CHARGES	CPT Code	TIME	CHARGE PER TIME PERIOD
Paraffin Bath	97018		\$ 27.00
Whirlpool	97022		\$ 227.00
Electrical Stimulation	97032	15 MIN	\$ 180.00

Ultrasound	97035	15 MIN	\$	48.00
Neuromuscular Re-education	97112	15 MIN	\$	131.00
Eval Low Complexity	97165	30 MIN	\$	332.00
Eval Moderate Complexity	97166	45 MIN	\$	332.00
Eval High Complexity	97167	60 MIN	\$	316.00
Re-Evaluation	97168		\$	217.00
Therapeutic Activities	97530	15 MIN	\$	147.00
Activity of Daily Living	97535	15 MIN	\$	127.00
Community/Work Reintegration	97537	15 MIN	\$	145.00
Orthotic Training	97760	15 MIN	\$	169.00

## PULMONARY THERAPY

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

RESPIRATORY THERAPY CHARGES	CPT Code		CHARGE
Carbon Monoxide Level	82375	\$	60.00
Blood Gas	82803	\$	131.00
Neonatal Blood Gas	82803	\$	131.00
Blood Gas POCT	82803	\$	131.00
Ventilator Management 1st day	94002	\$	889.00
Ventilator Management subq	94003	\$	889.00
Pulmonary Function Test pre/post bronch	94010	\$	458.00
Pulmonary Function Test/complete	94060	\$	726.00
Medication Nebulizer Initial	94640	\$	353.00
Medication Nebulizer sub	94640	\$	353.00
Bipap/CPAP	94660	\$	350.00
Deep breathing/chest percussion initial	94667	\$	353.00
Deep breathing/chest percussion subq	94668	\$	206.00
Pulse Ox Overnight	94762	\$	449.00
Sleep Study	95810	\$	4,981.00
Sleep Study w cpap trial	95811	\$	5,184.00
Sleep Study mult/day and night	95811	\$	5,184.00

EKG CHARGES	CPT Code		CHARGE
Electrocardiogram(EKG)	93005	\$	351.00
Holter Monitor 24/48 hour	93225	\$	822.00
EEG Sleep Deprived	95819	\$	985.00
Cardiac stress test standard	93017	\$	426.00

CARDIAC ULTRASOUND	CPT Code		CHARGE
ECHO Complete	93306	\$	3,019.00

VASCULAR ULTRASOUND	CPT Code		CHARGE
Vascular Carotid	93880	\$	1,590.00
Vascular Arterial	93925	\$	1,590.00
Venous bilateral	93970	\$	1,686.00
Venous Unilateral	93971	\$	887.00

## X-RAY & RADIOLOGY

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

<b>X-RAY AND RADIOLOGY CHARGES</b>	<b>CPT Code</b>		<b>CHARGE</b>
Chest 1 view	71045	\$	393.00
Chest 2 view	71046	\$	385.00
Spine Cervical 2-3 views	72040	\$	488.00
Spine Lumbar 2-3 views	72100	\$	591.00
Pelvis 1-2 views	72170	\$	618.00
Elbow 3 views	73080	\$	441.00
Wrist 3 views	73100	\$	437.00
Hand 3 view	73130	\$	441.00
Ankle	73610	\$	512.00
Foot 3 view	73630	\$	441.00
Acute Abdomen 2 Views	74019	\$	613.00
Dexa Bone Scan	77080	\$	545.00

  

<b>MAMMOGRAPHY</b>	<b>CPT Code</b>		<b>CHARGE</b>
MRI BREAST WO CONTRAST - Left or Right	77046	\$	5,836.00
MRI BREAST WO & W CONTRAST INCL CAD Left or Right	77048	\$	5,836.00
Screening digital breast tomosynthesis	77063	\$	210.00
DIGITAL MAMMO SCREEN INCLUDING CAD	77067	\$	87.00
US Breast Unilateral	76641	\$	1,129.00

  

<b>ULTRASOUND</b>	<b>CPT Code</b>		<b>CHARGE</b>
Breast Unilateral	76641	\$	1,129.00
Abdomen Complete	76700	\$	1,183.00
R U Q - Abdomen, Limited	76705	\$	1,159.00
OB >14 weeks	76805	\$	1,172.00

  

<b>NUCLEAR MEDICINE</b>	<b>CPT Code</b>		<b>CHARGE</b>
Bone/Whole Body	78306	\$	1,826.00
Spect Cardiac STRESS TEST	78452	\$	5,886.00

  

<b>CT SCANS</b>	<b>CPT Code</b>		<b>CHARGE</b>
Maxillofacial wwo	70488	\$	2,560.00
Head w/o Contrast	70450	\$	1,358.00
Cervical w/o Contrast	72125	\$	1,358.00
Abdomen/Pelvis w/o Contrast	74176	\$	3,132.00
Abdomen/Pelvis w/ wo Contrast	74178	\$	5,364.00

  

<b>MRI (W/O Contrast)</b>	<b>CPT Code</b>		<b>CHARGE</b>
Brain	70551	\$	1,965.00
Cervical	72141	\$	2,387.00
Spine Lumbar	72148	\$	1,965.00
Any Joint Lower	73721	\$	2,387.00

## LABORATORY

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

LABORATORY CHARGES	CPT Code		CHARGE
Basic Metabolic Panel	80048	\$	46.00
Comprehensive Metabolic Panel	80053	\$	109.00
Lipid Panel	80061	\$	70.00
Renal Function Panel	80069	\$	45.00
Hepatic Function Panel	80076	\$	44.00
Nicotine Blood Quant	80323	\$	191.00
Urinalysis	81001	\$	18.00
Amylase	82150	\$	33.00
Vitamin B12	82607	\$	79.00
Folate	82746	\$	77.00
Hemoglobin A1C	83036	\$	52.00
Iron Profile	83540	\$	34.00
Lipase	83690	\$	35.00
Magnesium	83735	\$	34.00
Natriuretic Peptide (Pro-BNP)	83880	\$	195.00
PSA Screen	84153	\$	91.00
Thyroxine total free(T4 free)	84439	\$	48.00
Thyroid Stimulating Hormone(TSH)	84443	\$	86.00
Transferase aspartate amino(AST SGOT)	84450	\$	30.00
Transferase Alanine amino(ALT SGPT)	84460	\$	30.00
T3 Total	84480	\$	75.00
Troponin	84484	\$	67.00
Hematocrit	85014	\$	13.00
Hemoglobin	85018	\$	13.00
Complete Blood Count(CBC) and Diff	85025	\$	107.00
Protime POCT	85610	\$	18.00
Sedimentation Rate	85652	\$	15.00
C-reactive Protein (CRP)	86140	\$	29.00
Urine Culture	87086	\$	44.00
PAP Monolayer	88142	\$	140.00

## HOSPITAL BILLING POLICIES

Financial Counseling **1-800-589-2963 Ext. 5770**

Patient Financial Services **1-800-589-2963 Ext. 5770**

Deposits and Co-pays required

Payment plans, prompt pay discount, HCAP, Charity

No interest charged on unpaid balances

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).