



**Barnesville
Hospital**
Quality Caring.

Price Information List

**Price Effective Date:
January 1, 2010**



General Information

Charges billed by Barnesville Hospital are determined by the services and care provided as ordered by your physician, or the physician rendering care. The charges listed are the routine charges for the stated care and services. In some situations, charges may vary based on the patient's condition or complications that may arise.

Barnesville Hospital charges every patient the same amount for the same service, unless insurance rules dictate otherwise. The charges are the same for both inpatients and outpatients.

You or your insurance carrier will receive a bill from Barnesville Hospital for all hospital services, ER physician services, anesthesiology services, and pathology services. You will receive a separate bill for each of the following:

1. Interpretation of x-rays, scans, and ultrasound procedures: for charge information, contact: HealthPro Medical Billing Inc.
4132 Elida Rd.
Lima, Ohio, 45807
419-224-5707
2. Interpretation of EKGs and stress testing: for charge information, contact the physician performing the interpretation
3. Interpretation of sleep studies: for charge information, contact the physician performing the interpretation.
4. Your physician services and any consulting physician services: for charge information, contact the physician.

Inpatient Room and Board Charges

Room and board charges include: use of the hospital room, meals, routine supplies (such as soap, toothpaste, skin lotion, etc.) and the nursing care provided during the stay. Medications, supplies, diagnostic studies, and treatment procedures are billed separately and are too numerous to list here.

Acute care, semi-private	\$ 590.00 per day
Acute care, private	\$ 644.00 per day
Acute care, isolation	\$ 644.00 per day
Critical care	\$ 920.00 per day
Critical care, isolation	\$ 940.00 per day
Skilled nursing (SNF), semi-private	\$ 392.00 per day
Skilled nursing (SNF), private	\$ 412.00 per day

Emergency Dept. Charges

Charges for Emergency services are dependent on the severity of your condition and the resources utilized. There are four (4) categories of charges for Emergency services: a facility level charge, a physician level charge, charges for diagnostic testing performed, and charges for medications and supplies.

The Facility level charge includes space, personnel and equipment resources, and the type of services provided. Level 1 is basic emergency care and Level 5 and Critical Care are the most complex emergency care.

The Physician level charge is for the physician's services for assessment, diagnosing, and treatment, and is dependent on the complexity of the presenting problem and the level of medical decision-making involved.

Facility level charges

Level 1	\$141
Level 2	\$165
Level 3	\$225
Level 4	\$345
Level 5	\$550
Critical Care	\$695
each add 30 min	\$190

Physician level charges

Level 1	\$111
Level 2	\$135
Level 3	\$195
Level 4	\$295
Level 5	\$395
Critical Care 1 st hour	\$395
each add 30 min.	\$150

Operating Room Charges

Operating room charges are incurred when a patient undergoes a procedure performed in the operating rooms. This includes endoscopic procedures, such as colonoscopy, gastroscopy, and bronchoscopy. When a procedure is performed under anesthesia, two anesthesia charges will be incurred – one for the facility and one for the anesthesiologist or certified registered nurse anesthetist that performs the service. Patients having general anesthesia or IV sedation will also incur a recovery room charge. Operating room charges are based on the type of procedure performed and include the room, personnel resources, equipment used, and routine supplies. Recovery room charges are based on the time the room is utilized and includes the room, personnel resources, equipment, and routine supplies. Medications and non-routine supplies are billed separately.

Operating Room charges

OR Epidural	\$1342
OR Minor Surgery	\$1382
OR Major Surgery Level 1	\$3205
OR Major Surgery Level 2	\$4759
OR Podiatry Level 1	\$2363
OR Podiatry Level 2	\$3357
OR Eye Surgery Level 1	\$1383
OR Eye Surgery Level 2	\$2730
OR Urology Level 1	\$1342
OR Urology Level 2	\$2214
OR ENT Level 1	\$1342
OR ENT Level 2	\$2214
OR Endoscopy	\$1762
OR Orthopedic Level 1	\$2363
OR Orthopedic Level 2	\$4752

Recovery Room charges

1 – 30 minutes	\$ 546
31 – 45 minutes	\$ 586
46 – 60 minutes	\$ 685
61 – 90 minutes	\$ 832
91 – 120 minutes	\$ 906
121 – 150 minutes	\$ 970
151 – 180 minutes	\$1022
181 – 210 minutes	\$1180
211 – 240 minutes	\$1338

Physical and Occupational Therapy Charges

The following charges reflect the most common services provided by our Physical and Occupational Therapy Departments.

Physical therapy (PT) evaluation	\$ 169
Occupational therapy (OT) evaluation	\$ 169
Therapeutic exercises/15 minutes	\$ 70
Ultrasound/15 minutes	\$ 75
Gait training/15 minutes	\$ 60
Neuromuscular re-education/15 minutes	\$ 70
Manual therapy/15 minutes	\$ 68

Speech/Language Pathology Charges

The following charges reflect the most common services provided by our Speech/Language Pathologists.

Speech therapy evaluation	\$ 186
Speech therapy treatment/session	\$ 102
Evaluation of swallowing (clinical)	\$ 197
Modified barium swallow	\$ 417

Cardio-Pulmonary Rehab. Dept. Charges

The following reflect the most common services provided by our Cardio-Pulmonary Rehabilitation Department.

Cardiac Rehab Phase 2/session	\$ 90
Pulmonary Rehab initial evaluation/15 minutes	\$ 50
Cardiac or Pulmonary Rehab. Phase 3 (maintenance)	\$ 29/month
Bruce Stress Test	\$ 481
Adenosine Stress Test	\$3787-4378
(includes stress test, heart imaging, contrast, and Adenosine, charge may vary depending on the dosage of Adenosine needed)	

Cardio-Pulmonary Dept Charges

The following reflect the most common services provided by our Cardio-Pulmonary Department.

Pulmonary

Pulmonary Function Test	\$478-624
CO diffusing Capacity	\$152
Spirometry	\$163
Functional residual capacity	\$163
High Flow Nebulizer, each	\$ 78
Pulse Oximetry, single	\$ 38
Pulse Oximetry, multi/day	\$ 94
Pulse Oximetry, overnight	\$ 62
CPAP	\$295

Sleep Studies

Sleep study	\$2509
Sleep study, CPAP/BiPAP	\$2509

Cardiology

EKG	\$ 93
30 Day event monitoring	\$146
Holter monitoring (24 hr.)	\$456

Other

EEG	\$484-584
EMG (two extremities)	\$256
Motor nerve cond. velocity	\$107
Sensory nerve conduction velocity	\$150

Laboratory Charges

The following charges reflect the most common services provided by our Laboratory.

Venipuncture	\$ 16	Sed rate	\$ 41
CBC, platelets, differential	\$ 67	BUN	\$ 38
BNP	\$165	AST SGOT	\$ 49
Hemoglobin	\$ 41	ALT SGPT	\$ 39
Hematocrit	\$ 41	TSH	\$120
Glycosated hemoglobin	\$ 77	TSH w/reflex FT4	\$125
Prothrombin time	\$ 52	PSA, screening	\$100
PTT	\$ 48	Glucose	\$ 35
Basic Metabolic Panel (BMP)	\$ 95	Magnesium	\$ 60
Complete Metabolic Panel (CMP)	\$122	Creatinine	\$ 38
Electrolyte panel	\$ 67	Urinalysis, auto micro	\$ 64
Lipid profile	\$120	Urine culture	\$ 67
Hepatic function panel	\$ 76	Blood culture, each	\$ 96
Creatinine kinase (CK)	\$ 46	Smear, gram	\$ 48
CK-MB isoenzymes	\$ 96		
Troponin I, serum	\$120		

Radiology Dept. Charges

The following charges reflect the most common services provided in our Diagnostic Imaging Department. Some procedures require the use of “contrast” material or dye. Several different contrast materials with different charges are used at Barnesville Hospital. Additionally, dosages of contrast material vary depending on the procedure performed and the individual patient’s situation. Contrast material is billed separately and in addition to the procedure itself.

X-rays

Chest x-ray (2 views)	\$204
Chest x-ray (1 view)	\$158
Mammogram (bilateral screening)	\$194
Spine, lumbosacral, 4 views	\$327
Abdomen, complete with PA chest	\$405
Pelvis, 1-2 views	\$172
Abdomen, complete	\$358
Knee, AP & lateral	\$194
Spine, cervical, 4 views	\$401
Ankle, complete	\$216
Foot, complete	\$227
Hand, complete	\$210
Shoulder, complete	\$210

Ultrasound studies

Echocardiography, complete	\$378
Carotid artery	\$821
Subclavian artery	\$396
Abdomen w/gallbladder	\$370
Renal (kidneys)	\$410
Lower veins (one extremity)	\$382
Pelvis	\$462
Thyroid	\$286

CT

	without contrast	with contrast	with and without
Head	\$ 851	\$1067	\$1413
Thorax/Chest	\$1094	\$1477	\$1789
Spine	\$ 900	\$1172	\$1483
Pelvis	\$1024	\$1278	\$1879
Abdomen	\$1024	\$1278	\$1879

DEXASCAN \$ 400

MRI

	without contrast	with contrast	with and without
Most sites	\$1645	\$1854	\$2334

Nuclear medicine studies

Myocardial Perfusion Imaging, multi	\$1350
Myocardial Perfusion Imaging, w/wall	\$ 306
Myocardial Perfusion Imaging, w/eject.	\$ 306

Overcharging

As per Ohio law, Barnesville Hospital is required to provide you with the following information from Ohio Senate Bill 4, Section 3941.21 (3) (B) and (C).

(B)

“If a beneficiary identifies on the billing statement of a provider or hospital any item or service for which the beneficiary was overcharged by more than five hundred dollars, and the beneficiary notifies the third-party payer of the error at any time after the thirty-day period immediately following the date on which the third-party payer makes payment to the provider or hospital for the item or service, the provider or hospital shall refund to the beneficiary an amount equal to fifteen percent of the amount overcharged.”

(C)

“A provider or hospital shall not be required to comply with division (B) of this section if, at the time the third-party payer receives notice of the overcharge from the beneficiary, the provider, hospital, or third-party payer is in the process of correcting the error and such process can be documented.”