



**Barnesville
Hospital**
Quality Caring.

Price Information List

**Price Effective Date:
January 1, 2012**



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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	\$ 639.00 per day
Acute care, private	\$ 698.00 per day
Acute care, isolation	\$ 698.00 per day
Critical care	\$ 996.00 per day
Critical care, isolation	\$1018.00 per day
Skilled nursing (SNF), semi-private	\$ 425.00 per day
Skilled nursing (SNF), private	\$ 447.00 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 resources 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	\$154
Level 2	\$179
Level 3	\$244
Level 4	\$374
Level 5	\$596
Critical Care	\$752
each add 30 min	\$206

Physician Level Charges

Level 1	\$121
Level 2	\$147
Level 3	\$212
Level 4	\$320
Level 5	\$428
Critical Care 1 st hour	\$428
each add 30 min.	\$163

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 resources, and routine supplies. Recovery room charges are based on the time the room is utilized and includes the room, personnel resources, equipment resources, and routine supplies. Medications and non-routine supplies are billed separately.

Operating Room Base Charges

OR Epidural	\$1453
OR Minor Surgery	\$1496
OR Major Surgery Level 1	\$3468
OR Major Surgery Level 2	\$5148
OR Podiatry Level 1	\$2556
OR Podiatry Level 2	\$3631
OR Eye Surgery Level 1	\$1496
OR Eye Surgery Level 2	\$2953
OR Urology Level 1	\$1453
OR Urology Level 2	\$2396
OR ENT Level 1	\$1453
OR ENT Level 2	\$2396
OR Endoscopy	\$1906
OR Orthopedic Level 1	\$2556
OR Orthopedic Level 2	\$5140

Recovery Room Charges

1 – 30 minutes	\$ 592
31 – 45 minutes	\$ 635
46 – 60 minutes	\$ 742
61 – 90 minutes	\$ 900
91 – 120 minutes	\$ 981
121 – 150 minutes	\$1050
151 – 180 minutes	\$1106
181 – 210 minutes	\$1277
211 – 240 minutes	\$1448

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	\$ 184
Occupational therapy (OT) evaluation	\$ 184
Therapeutic exercises/15 minutes	\$ 77
Ultrasound/15 minutes	\$ 82
Gait training/15 minutes	\$ 66
Neuromuscular re-education/15 minutes	\$ 77
Manual therapy/15 minutes	\$ 75

Speech/Language Pathology Charges

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

Speech therapy evaluation	\$ 202
Speech therapy treatment/session	\$ 112
Evaluation of swallowing (clinical)	\$ 214
Modified barium swallow	\$ 452

Cardio-Pulmonary Rehab. Dept. Charges

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

Cardiac Rehab Phase 2/session	\$ 98
Pulmonary Rehab initial evaluation/15 minutes	\$ 55
Cardiac or Pulmonary Rehab. Phase 3 (maintenance)	\$ 30/month
Bruce Stress Test	\$ 521
Adenosine Stress Test	\$4097-4736
(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	\$518-676
CO Diffusing Capacity	\$165
Spirometry	\$177
Functional Residual Capacity	\$177
High Flow Nebulizer, each	\$ 86
Pulse Oximetry, single	\$ 42
Pulse Oximetry, multi/day	\$102
Pulse Oximetry, overnight	\$ 68
CPAP	\$320

Sleep Studies

Sleep Study	\$2715
Sleep Study, CPAP/BiPAP	\$2715

Cardiology

EKG	\$101
30 Day event monitoring	\$159
Holter monitoring (24 hr.)	\$494

Other

EEG	\$524-633
EMG (one extremity)	\$278
EMG (two extremities)	\$278
Motor nerve cond. velocity	\$117
Sensory nerve conduction velocity	\$163

Laboratory Charges

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

Venipuncture	\$ 18	Sed rate	\$ 46
CBC, platelets, differential	\$ 74	BUN	\$ 42
BNP	\$179	AST SGOT	\$ 54
Hemoglobin	\$ 46	ALT SGPT	\$ 44
Hematocrit	\$ 46	TSH	\$131
Glycosated hemoglobin	\$ 84	TSH w/reflex FT4	\$136
Prothrombin time	\$ 57	PSA, screening	\$109
PTT	\$ 53	Glucose	\$ 39
Basic Metabolic Panel (BMP)	\$103	Magnesium	\$ 66
Complete Metabolic Panel (CMP)	\$133	Creatinine	\$ 42
Electrolyte panel	\$ 74	Urinalysis, auto micro	\$ 70
Lipid profile	\$131	Urine culture	\$ 74
Hepatic function panel	\$ 83	Blood culture, each	\$104
Creatinine kinase (CK)	\$ 51	Smear, gram	\$ 53
CK-MB isoenzymes	\$104	Thyroxin	\$ 59
Troponin I, serum	\$131	Amylase	\$ 65

Radiology (Diagnostic Imaging) 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)	\$211
Chest x-ray (1 view)	\$163
Mammogram (bilateral screening)	\$263
Spine, lumbosacral, 4 views	\$354
Abdomen, (1 view)	\$196
Pelvis, 1-2 views	\$187
Ribs, Unilateral	\$191
Knee, AP & lateral	\$210
Spine, cervical, 4 views	\$435
Ankle, complete	\$235
Foot, complete	\$246
Hand, complete	\$228
Wrist, complete	\$228
Hip, complete	\$220
Mammogram, diagnostic (bilateral)	\$400

Ultrasound studies

Echocardiography, complete	\$1657
Carotid artery	\$889
Subclavian artery	\$429
Abdomen w/gallbladder	\$402
Renal (kidneys)	\$445
Lower veins (one extremity)	\$414
Abdomen (limited)	\$513
Thyroid	\$301
DEXASCAN	\$432

CT

	without contrast	with contrast	with and without
Head	\$ 921	\$1155	\$1529
Thorax/Chest	\$1184	\$1599	\$1936
Spine	\$ 974	\$1269	\$1605
Pelvis	\$1108	\$1383	\$2033
Abdomen	\$1108	\$1383	\$2033

MRI

	without contrast	with contrast	with and without
Most sites	\$1780	\$2006	\$2526

Nuclear medicine studies

Myocardial Perfusion Imaging, multi	\$1461
Hepatic (liver) scan	\$ 510
Bone scan (whole body)	\$ 616

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.”