



**Barnesville  
Hospital**  
Quality Caring.

# **Price Information List**

**Price Effective Date:  
Jan 1, 2019**



# Barnesville Hospital

Quality Caring.



## 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 for each service are the same for both inpatients and outpatients.

You or your insurance carrier will receive a bill from Barnesville Hospital for all hospital 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.

5. ER physician services: for charge information contact:

Brault  
180 Via Verde  
Suite 100  
San Dimas, CA 91773  
1-877-346-2211

### **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	\$ 1025.00 per day
Acute care, private	\$ 1097.00 per day
Acute care, isolation	\$ 1097.00 per day
Critical care	\$ 1459.00 per day
Critical care, isolation	\$ 1520.00 per day
Skilled nursing (SNF), semi-private	\$ 819.00 per day
Skilled nursing (SNF), private	\$ 879.00 per day
Hospice	\$ 819.00 per day
Respite	\$ 819.00 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 forms of emergency care.

### **Facility Level Charges**

Level 1	\$190
Level 2	\$221
Level 3	\$300
Level 4	\$459
Level 5	\$728
Critical Care 1 <sup>st</sup> hour	\$918

## 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	\$1771
OR Minor Surgery	\$1825
OR Major Surgery Level 1	\$4226
OR Major Surgery Level 2	\$6269
OR Podiatry Level 1	\$3113
OR Podiatry Level 2	\$4423
OR Eye Surgery Level 1	\$1825
OR Eye Surgery Level 2	\$3598
OR Urology Level 1	\$1771
OR Urology Level 2	\$2920
OR ENT Level 1	\$1771
OR ENT Level 2	\$2920
OR Endoscopy	\$2323
OR Orthopedic Level 1	\$3113
OR Orthopedic Level 2	\$6260

### Recovery Room Charges

1 – 30 minutes	\$ 724
31 – 45 minutes	\$ 776
46 – 60 minutes	\$ 906
61 – 90 minutes	\$1097
91 – 120 minutes	\$1198
121 – 150 minutes	\$1282
151 – 180 minutes	\$1351
181 – 210 minutes	\$1557
211 – 240 minutes	\$1766

### **Physical and Occupational Therapy Charges**

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

Physical therapy (PT)	
PT Evaluation, Low Complexity	\$ 227
PT Evaluation, Moderate Complexity	\$ 249
PT Evaluation, High Complexity	\$ 273
Occupational therapy (OT) evaluation	
OT Evaluation, Low Complexity	\$ 227
OT Evaluation, Moderate Complexity	\$ 249
OT Evaluation, High Complexity	\$ 273
Therapeutic exercises/15 minutes	\$ 97
Ultrasound/15 minutes	\$ 102
Gait training/15 minutes	\$ 84
Neuromuscular re-education/15 minutes	\$ 97
Manual therapy/15 minutes	\$ 95

### **Speech/Language Pathology Charges**

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

Voice evaluation	\$ 250
Fluency evaluation	\$ 250
Articulation evaluation	\$ 250
Language/Articulation evaluation	\$ 250
Speech therapy treatment/session	\$ 140
Evaluation of swallowing (clinical)	\$ 264
Modified barium swallow	\$ 553

### **Cardio-Pulmonary Rehab. Dept. Charges**

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

Cardiac Rehab Phase 2/session	\$ 123
Pulmonary Rehab Phase 2/session	\$ 117
Bruce Stress Test	\$ 638
Cardiolite/Pharmacological Stress Test	\$5194-\$6150
(Includes stress test, heart imaging, contrast, and pharmacologic agent (if applicable))	

### **Cardio-Pulmonary Dept Charges**

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

#### Pulmonary

Pulmonary Function Test	\$655-776
CO Diffusing Capacity	\$211
Spirometry	\$224
Functional Residual Capacity	\$224
Pulse Oximetry, single	\$ 55
Pulse Oximetry, multi/day	\$128
Pulse Oximetry, overnight	\$ 87
CPAP	\$393
Press/Non Press Inhalation 1-5	\$433
Press/Non Press Inhalation 6-10	\$866
Press/Non Press Inhalation 11+	\$1947

#### Sleep Studies

Sleep Study	\$3407
Sleep Study, CPAP/BiPAP	\$3407

#### Cardiology

EKG	\$134
Event Recording 30 day	\$197
Holter monitoring (24 hr.)	\$287

### **Laboratory Charges**

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

Venipuncture	\$ 25	Sed rate	\$ 59
CBC, platelets, differential	\$ 98	BUN	\$ 55
BNP	\$221	AST SGOT	\$ 68
Hemoglobin	\$ 44	ALT SGPT	\$ 57
Hematocrit	\$ 44	TSH	\$163
Glycosated hemoglobin	\$136	TSH w/reflex FT4	\$163
Prothrombin time	\$ 77	PSA, screening	\$152
PTT	\$ 72	Glucose, serum	\$ 52
Basic Metabolic Panel (BMP)	\$130	Magnesium	\$ 84

Complete Metabolic Panel (CMP)	\$174	Creatinine	\$ 55
Electrolyte panel	\$109	Urinalysis, auto micro	\$ 60
Lipid profile	\$147	Urine culture	\$ 103
Hepatic function panel	\$130	Blood culture, each	\$130
Creatinine kinase (CK)	\$ 77	Smear, gram	\$ 17
CK-MB isoenzymes	\$152	Thyroxine	\$109
Troponin I, serum	\$163	Amylase, serum	\$ 87

### **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)	\$267
Chest x-ray (1 view)	\$209
Mammogram (bilateral screening)	\$267
Spine, lumbar, 4 views	\$446
Abdomen, (1 view)	\$250
Pelvis, 1-2 views	\$237
Ribs, Unilateral	\$244
Knee, AP & lateral	\$266
Spine, cervical, 4 views	\$395
Ankle, complete	\$297
Foot, complete	\$312
Hand, complete	\$290
Wrist, complete	\$290
Hip, complete with pelvis	\$515
Mammogram, diagnostic (bilateral)	\$532

#### Ultrasound studies

Echocardiography, complete	\$2082
Carotid artery	\$1119
Subclavian artery	\$541
Abdomen complete	\$664
Renal (kidneys)	\$561
Lower veins (one extremity)	\$523
Abdomen (limited)	\$645
Thyroid	\$392

#### CT

	without contrast	with contrast	with and without
Head	\$1159	\$1452	\$1920
Thorax/Chest	\$1488	\$2008	\$2430
Spine	\$1401	\$1549	\$1957
Pelvis	\$1393	\$1737	\$2477

Abdomen	\$1393	\$1687	\$2551
Abdomen/Pelvis	\$2780	\$3472	\$5101

MRI

	without contrast	with contrast	with and without
Most sites	\$2235	\$2593	\$3154

**Overcharging**

As per Ohio law, Barnesville Hospital is required to provide you with the following information from the Ohio Revised Code, Section 3924.21 (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.”