



Patient Price Information List

In compliance with state law, Wayne Hospital 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 1/1/10.

Room and Board -- Per Day Charges

	Charges
Intensive care	
Level 1	\$ 1,980.00
Birthing Suite (LDR)	\$ 1,095.00
Nursery	\$ 660.00
Routine care	\$ 1,095.00
Swing Bed Skilled	\$ 385.00
Swing Bed Intermediate	\$ 303.00

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.

	Charges
Normal Delivery	\$ 2,646.00
Amniocentesis	\$ 656.00
Fetal non-stress test	\$ 275.00

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.

	Charges
Level 1	\$ 88.00
Level 2	\$ 220.00
Level 3	\$ 330.00
Level 4	\$ 550.00

Level 5	\$ 825.00
Critical care	\$ 1,362.00

Operating Room Charges

Operating Room charges are based on the complexity level, with level 1 being the most basic, for a particular operation There is an initial, set-up charge as well as an additional charge for each 15 minutes while the operation is being performed.

	Set-Up Charge	Additional Minute Charge
Level 1	\$ 400.00	\$ 18.00
Level 2	\$ 995.00	\$ 23.00
Level 3	\$ 1,275.00	\$ 28.00
Level 4	\$ 1,650.00	\$ 35.00
Level 5	\$ 2,250.00	\$ 44.00

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.

Therapeutic Exercise	15 min	\$ 75.00
Ultrasound	15 min	\$ 75.00
Mobilization	15 min	\$ 82.00
Aquatic Therapy	15 min	\$ 77.00
Gait Training	15 min	\$ 88.00
Massage	15 min	\$ 77.00
Evaluation		\$ 233.00
Therapeutic Activities	15 min	\$ 82.00
Mechanical Traction		\$ 77.00
Electrical Stimulation	15 min	\$ 81.00

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.

Therapeutic Exercise	\$ 75.00
Therapeutic Activities	\$ 71.00
Activity of Daily Living	\$ 71.00
Evaluation	\$ 275.00
Neuromuscular Re-education	\$ 75.00
Orthotic Training	\$ 82.00
Whirlpool	\$ 118.00
Community/Work Reintegration	\$ 71.00
Ultrasound	\$ 75.00
Electrical Stimulation	\$ 81.00

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.

Respiratory Therapy

Arterial Blood Gas	\$ 203.00
Acapella Device	\$ 132.00
Deep breathing/chest percussion initial	\$ 89.00
Deep breathing/chest percussion subq	\$ 80.00
Bipap	\$ 647.00
Carbon Monoxide Level	\$ 41.00
Medication Nebulizer Initial	\$ 64.00
Medication Nebulizer sub	\$ 64.00
Incentive Spirometer	\$ 19.00
Pulmonary Function Test/complete	\$ 244.00
Pulmonary Function Test pre/post bronch	\$ 98.00
Sleep Study	\$2,280.00
Sleep Study w cpap trial	\$2,736.00
Sleep Study mult/day and night	\$3,344.00
Ventilator Management 1st day	\$1,292.00
Ventilator Management subq	\$1,071.00

EKG

Electrocardiogram(EKG)	\$ 163.00
Cardiac monitor/2-4 week	\$ 456.00
Holter Monitor 24/48 hour	\$ 392.00
Electroencephalogram(EEG)	\$ 518.00
Exercise stress test standard	\$ 615.00

Cardic Ultrasound

Echocardiogram(ECHO)	\$1,353.00
----------------------	------------

Vascular Ultrasound

Carotid	\$ 857.00
Venous bilateral	\$ 567.00
Venous Unilateral	\$ 445.00
Arterial	\$ 404.00
Lower Arterial and abdomen	\$ 728.00

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

Diagnostic

Chest 2 Views	\$ 219.00
Chest PA	\$ 199.00
Screening Mammogram	\$ 140.29
Lumbar Spine	\$ 281.00
Dexa Axial Skeleton	\$ 251.00
Acute ABD w/PA Chest	\$ 433.00

Ultrasound

R U Q	\$ 633.00
Pelvis	\$ 706.00
Breast	\$ 569.00
Soft Tissue Head and Neck	\$ 541.00
Abdomen Complete	\$ 802.00

Nuclear Medicine

Spect Cardiac	\$2,132.00
Bone/Whole Body	\$1,053.00
Hepatobiliary	\$ 977.00
Thyroid Uptake and Scan	\$ 898.00
Bone Limited	\$ 717.00
Vent-Perf Lung Scan	\$1,730.00

CT

Head I	\$1,107.00
Abdomen w/contrast	\$1,343.00
Pelvis w/contrast	\$1,343.00
Chest w/contrast	\$1,343.00
Abdomen	\$1,107.00
Pelvis	\$1,107.00

MRI

Lumbar	\$2,001.00
Any Joint/lower	\$2,001.00
Brain	\$2,001.00
Any Joint/upper	\$2,001.00
Brain w/wo contrast	\$2,713.00
Cervical	\$2,001.00

Laboratory Charges

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

Complete Blood Count(CBC)	\$ 52.00
Basic Metabolic Panel	\$ 96.00
Protime	\$ 34.00
Lipid Panel	\$ 96.00
Urinalysis	\$ 56.00
Manual Differential	\$ 26.00
Comprehensive Metabolic Panel	\$ 167.00
Hepatic Panel	\$ 85.00
Thyroid Stimulating Hormone(TSH)	\$ 99.00
Troponin	\$ 86.00
C-reactive Protein (CRP)	\$ 81.00
Hemoglobin glycosylated(HGB A1C)	\$ 52.00

Creatine Kinase MB fraction(CKMB)	\$ 86.00
Magnesium	\$ 64.00
Urine Culture	\$ 35.00
Thyroxine total free(T4 free)	\$ 86.00
Natriuretic Peptide(BNP)	\$ 239.00
Amylase	\$ 91.00
Thromboplastin time partial(APTT)	\$ 57.00
PSA	\$ 95.00
Lipase	\$ 100.00
Transferase Alanine amino(ALT)	\$ 19.00
Sedimentation Rate	\$ 50.00
Bacteria ID	\$ 75.00
MIC (Sensitivity)	\$ 92.00
Transferase aspartate amino(AST)	\$ 19.00
Rh Type	\$ 41.00
Cross Match	\$ 51.00
Leuko Reduced	\$ 299.00
Hemoglobin and Hematocrit	\$ 42.00

Hospital Billing Policies

Financial Counseling 1-800-589-2963 Ext. 5707

Billing 1-800-589-2963 Ext. 5770

Deposits and Co-pays required

Payment plans, prompt pay discount, HCAP, Charity

No interest charged on unpaid balances



The Consumer's Guide to
Quality Health Care
in Ohio

*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.*