

 **Patient Price Information List**

In compliance with state law, Aultman 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 12/30/2007.

Room and Board -- Per Day Charges**Medical - Surgical**

Regular \$500.00

Intensive Care

1:1 Nursing Care (within any ICU) \$1,800.00

MICU, SICU, CCU, Cardiac SICU \$1,475.00

ICU Stepdown (Mem 4E/Mem 4S) \$950.00

CCU Stepdown (Mem 3E) \$950.00

CSICU Stepdown \$950.00

Pediatrics

Pediatric Stepdown \$950.00

Regular \$500.00

Obstetrics

Obstetric ICU \$1,475.00

Obstetric Stepdown \$950.00

Regular \$500.00

Psychiatric

ICU \$950.00

Regular \$500.00

Neonatal Intensive Care

Acute \$2,900.00

Intermediate \$2,000.00

Convalescent \$1,525.00

Newborn Care \$400.00

Transitional Care \$475.00

Rehabilitation \$950.00

<u>Observation Status</u>	<u>Per Hour</u>
Nursing Unit	\$21.00
ICU or Stepdown	\$21.00
Chest Pain Center	\$21.00

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.

Caesarean Section	\$1,633.00
Circumcision	\$315.00
Labor Induction	\$483.00
Tubal Ligation	\$1,371.00
Vaginal Delivery	\$1,460.00

Anesthesia Physician Fee information may be obtained from:

Ohio Hospital Based Physicians
2600 Sixth Street S.W.
Canton, Ohio 44710

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.

Level 1 Services	\$106.00
Level 2 Services	\$124.00
Level 3 Services	\$195.00
Level 4 Services	\$324.00
Level 5 Services	\$488.00
Critical Care	\$689.00
Trauma Care	\$742.00

Emergency Physician fee information may be obtained from:

Canton Aultman Emergency Physicians
P.O. Box 75741
Cleveland, OH 44101

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.

Minor-First 1/2 Hour	\$1,345.00
Minor-Each Add'l. 15 Minutes	\$140.00
Major I-First Hour	\$1,715.00
Major I-Each Add'l. 15 Minutes	\$175.00
Major II-First Hour	\$1,715.00
Major II-Each Add'l. 15 Minutes	\$350.00

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.

Evaluation	\$91.00
Exercise	\$34.00
Gait Training	\$29.00
Massage	\$39.00
Ultrasound	\$29.00
Whirlpool	\$29.00

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.

Evaluation	\$35.00
Evaluation 1 Psych	\$35.00
Functional Activity	\$34.00
Group Treatment	\$109.00
Hand Skills Program	\$34.00
Treatment	\$35.00

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.

Cann-Mask/Day	\$29.00
Lung Physiotherapy	\$33.00
Pulm Ther/Trtmt	\$40.00
Ventilator Install	\$100.00
Ventilator/Day	\$242.00

X-Ray and Radiological Charges

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

Chest x-ray	\$123.00
CT head/brain w/o dye	\$721.00
CT abdomen w/dye	\$952.00
Nuclear med data proc	\$169.00
CT pelvis w/dye	\$952.00
Echo guidance radiotherapy	\$204.00
Screening mammography digital	\$160.00
Heart wall motion add-on	\$260.00
Heart function add-on	\$260.00
Heart image (3d), multiple	\$1,120.00
3d render w/o postprocess	\$144.00
Ob US >= 14 wks, sngl fetus	\$269.00
CT thorax w/dye	\$952.00
Fetal biophys profil w/o nst	\$269.00
CT angiography, chest	\$1,131.00
Us exam, abdom, complete	\$269.00
CT abdomen w/o dye	\$721.00
CT pelvis w/o dye	\$721.00
MRI brain w/o & w/dye	\$1,893.00
X-ray exam of lower spine	\$210.00
X-ray exam of abdomen	\$123.00
3d rendering w/postprocess	\$360.00
Us exam abdo back wall, comp	\$269.00
X-ray exam series, abdomen	\$210.00
Us exam, pelvic, complete	\$269.00
Diagnostic mammography digital	\$266.00
Bone imaging, whole body	\$675.00
Us exam, breast(s)	\$171.00
MRI lumbar spine w/o dye	\$1,324.00

Radiologist fee information may be obtained from:

Radiology Associates
4974 Higbee Avenue N.W.
Canton, Ohio 44718

Laboratory Charges

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

Complete cbc w/auto diff wbc	\$42.00
Basic metabolic panel	\$42.00
Prothrombin time	\$24.00
Drug screen, single	\$28.00
Urinalysis, auto, w/o scope	\$15.00
Hematocrit	\$11.00
Hemoglobin	\$11.00
Assay of ck (cpk)	\$20.00

Assay of troponin, quant	\$88.00
Comprehen metabolic panel	\$73.00
Blood gases: pH, pO2 & pCO2	\$93.00
Assay of myoglobin	\$88.00
Assay thyroid stim hormone	\$82.00
Thromboplastin time, partial	\$24.00
Lipid panel	\$54.00
Blood culture for bacteria	\$101.00
Natriuretic peptide	\$81.00
Creatine, MB fraction	\$74.00
Urinalysis, auto w/scope	\$9.00
Assay of magnesium	\$34.00
Assay, glucose, blood quant	\$18.00
Urine culture/colony count	\$54.00
Assay of calcium	\$54.00
Assay of serum potassium	\$18.00
Glycosylated hemoglobin test	\$57.00
Lab Sur Path Level 4	\$65.00
Assay of phosphorus	\$18.00
Microbe susceptible, mic	\$63.00
Occult blood, feces, single	\$23.00

Pathologist fee information may be obtained from:

Pathology Associates
 2300 Wales Avenue
 Massillon, Ohio 44646

Hospital Billing Policies

Patients may call 330-363-6321 for customer service . Financial counselors are on staff to help with availability of financial assistance, discounts, and interest free extended payment plans.



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](http://www.ohanet.org/portal) at www.ohanet.org/portal.