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 1/1/2012.

Room and Board -- Per Day Charges

Medical - Surgical Private	
Regular	$580.00
Intensive Care Private	
1:1 Nursing Care (within any ICU)	$2,070.00
MICU, SICU, CCU, Cardiac SICU	$1,700.00
ICU Stepdown (Mem 4E/Mem 4S)	$1,170.00
CCU Stepdown (Mem 3E)	$1,170.00
CSICU Stepdown	$1,170.00
Pediatrics Private	
Pediatric Stepdown	$1,170.00
Regular	$580.00
Obstetrics Private	
Obstetric ICU	$1,810.00
Obstetric Stepdown	$1,170.00
Regular	$580.00
Psychiatric Private	
ICU	$1,100.00
Regular	$580.00
Level III Neonatal Intensive Care Private	
Acute	$3,540.00
Intermediate	$2,440.00
Convalescent	$1,870.00
Newborn Care	$495.00
Transitional Care Private	$640.00
Rehabilitation Private	$1,205.00
Observation Status	Per Hour
Nursing Unit	$25.00
ICU or Stepdown	$25.00
Chest Pain Center	$25.00

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	$2,427.00
Circumcision	$477.00
Labor Induction	$840.00
Tubal Ligation	$2,306.00
Vaginal Delivery	$1,942.00

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	$172.00
Level 2 Services	$212.00
Level 3 Services	$306.00
Level 4 Services	$483.00
Level 5 Services	$719.00
Critical Care	$1,129.00
Trauma Care	$2,756.00

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 minute while the operation is being performed.

Level 1 Initial Set-up	$606.00
Level 1 Per Minute	$12.00
Level 2 Initial Set-up	$971.00
Level 2 Per Minute	$15.00
Level 3 Initial Set-up	$1,335.00
Level 3 Per Minute	$18.00
Level 4 Initial Set-up	$1,456.00

Level 4 Per Minute	$20.00
Level 5 Initial Set-up	$1,820.00
Level 5 Per Minute	$24.00
Level 6 Initial Set-up	$5,096.00
Level 6 Per Min	$36.00

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.

Exercise	$54.00
Evaluation	$113.00
Aquatic Therapy	$63.00
Neuromuscular Re-education	$38.00
Ultrasound	$46.00
Manual Therapy per 15 min	$61.00

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.

Manual Therapy per 15 min	$61.00
Functional Activity	$38.00
Exercise	$54.00
Evaluation	$120.00
Neuromuscular Re-education	$38.00
Fluidotherapy	$46.00

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.

Aerosol Broncho Treatment	$45.00
Oxygen Admin/Day	$31.00
Metered Dose Inhaler Treatment	$45.00
Blood Gas Draw	$38.00
Lung Physiotherapy	$52.00

X-Ray and Radiological Charges

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

Chest x-ray; 1 or 2 Views	$177.00
CT head/brain w/o dye	$1,041.00
CT abdomen w/dye	$1,435.00
CT pelvis w/dye	$1,372.00
Screening mammography digital	$230.00

Heart image (3d), multiple	$516.00
Ob US >/= 14 wks, sngl fetus	$389.00
CT Chest w/dye	$1,372.00
CT abdomen w/o dye	$1,088.00
CT pelvis w/o dye	$1,045.00
Fetal biophys profil w/o nst	$385.00
Us exam, abdom, complete	$389.00
CT angiography, chest	$1,629.00
X-ray exam of lower spine	$303.00
X-ray exam of abdomen	$127.00
MRI brain w/o & w/dye	$2,701.00
CT Neck w/o dye	$1,041.00
Ultrasound guidance (vasc access)	$61.00
Diagnostic mammography digital	$355.00
Bone density	$126.00
Us exam, pelvic, complete	$389.00
Us exam abdo back wall, comp	$389.00
Echo transvaginal OB	$247.00
Pelvis x-ray; 1 or 2 views	$177.00
MRI lower spine	$1,909.00
Us exam, breast(s)	$247.00
Fluoroscopy	$242.00
MRA without dye (head)	$1,890.00
Bone/joint imaging, whole body	$973.00
MRI cervical spine	$1,909.00

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	$67.00
Basic metabolic panel	$59.00
Prothrombin time	$30.00
CK total	$23.00
Comprehen metabolic panel	$103.00
Assay of troponin, quant	$99.00
Assay of myoglobin	$99.00
Blood gases: pH, pO2 & pCO2	$147.00
Thromboplastin time, partial	$39.00
Lipid panel	$60.00
Drug screen, single	$45.00
Assay thyroid stim hormone	$91.00
Pap Smear	$80.00
Hemoglobin	$17.00
Hematocrit	$17.00
Assay of magnesium	$54.00
Blood culture for bacteria	$160.00
CK/MB Fraction	$118.00
Assay of serum potassium	$30.00

Assay of calcium	$91.00
RH type	$25.00
Lab Sur Path Level 4	$109.00
Urine culture/colony count	$86.00
Urinalysis, auto w/scope	$24.00
Assay of phosphorus	$29.00
Blood Typing	$25.00
Glycosylated hemoglobin test	$64.00
Sodium, serum	$30.00
Assay, glucose, blood quant	$20.00
Natriuretic peptide	$90.00

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.

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.*