



Patient Price Information List

In compliance with state law, Mount Carmel Health System - East 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 July 1, 2009.

Room and Board -- Per Day Charges

Coronary care		
Level 1		\$ 2,005.00
Level 2		\$ 805.00
Intensive care		
Level 1		\$ 2,005.00
Level 2		\$ 805.00
Nursery		
Routine care		\$ 630.00

Labor and Delivery Charges

The following list does not include charges for anesthesia, drugs, or supplies required for a particular delivery room procedure nor does it include room charges. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.

Normal Delivery		
Level I	Routine	\$ 2,704.00
Level II	Complicated	\$ 5,516.00
Cesarean Section Delivery		
Level I	Routine	\$ 4,921.00
Level II	Complicated	\$ 8,707.00
Amniocentesis		\$ 427.00
Fetal Monitor per hour		\$ 178.00

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 care, reflect the type of accommodations needed, personnel resources, intensity of care and 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 services.

Emergency Care		
Level 1		\$ 251.00
Level 2		\$ 410.00
Level 3		\$ 650.00
Level 4		\$ 1,036.00
Level 5		\$ 1,620.00
Level 6 - Critical Care First 31-74 Minutes		\$ 2,427.00
Critical Care Additional 30 Minutes		\$ 227.00
Trauma Activation Fee		\$ 4,442.00



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Operating Room Charges

Operating Room charges are based on a per minute room and per minute labor charge. Recovery time is charged by a per hour complexity level. Additional charges will be made for the supplies used in the course of the surgery.

Surgery Room		
<i>Per Minute</i>	\$	69.00
Phase I Recovery		
<i>Initial Hour</i>	\$	504.00
<i>Each Additional 1/2 Hour</i>	\$	223.00
Phase II Recovery		
<i>Initial Hour</i>	\$	458.00
<i>Each Additional Hour</i>	\$	140.00

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.

Electrical Stimulatin Unattended - 15 Min	\$	76.00
Gait Training - 15 Min	\$	88.00
Manual Therapy Techniques - 15 Min	\$	88.00
Mechanical Traction Therapy - 15 Min	\$	85.00
Neuromuscular Reeducation - 15 Min	\$	84.00
Physical Therapy Evaluation - Basic	\$	146.00
Self-care Mgmt Training of Daily Living - 15 Min	\$	90.00
Therapeutic Activities - 15 Min	\$	87.00
Therapeutic Exercises - 15 Min	\$	88.00
Ultrasound Therapy - 15 Min	\$	88.00

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.

Cognitive Skills Training - 15 Min	\$	81.00
Fluidotherapy (Whirlpool Therapy)	\$	66.00
Group Therapeutic Procedures	\$	115.00
Manual Therapy Techniques - 15 Min	\$	88.00
Neuromuscular Reeducation - 15 Min	\$	84.00
Occupational Therapy Evaluation -Basic	\$	153.00
Self-care Mgmt Training of Daily Living - 15 Min	\$	90.00
Therapeutic Activities - 15 Min	\$	87.00
Therapeutic Exercises - 15 Min	\$	88.00
Ultrasound Therapy - 15 Min	\$	88.00



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Pulmonary Therapy Charges

The following charges reflect the most common services offered by our PulmonaryTherapy department. Patients may have additional charges, depending on the services performed.

Carbon Dioxide Expired Gas Determination	\$ 30.00
Carbon Monoxide Diffusing	\$ 52.00
Chest Physiotherapy Initial Day	\$ 51.00
Chest Physiotherapy Subsequent Day(s)	\$ 37.00
CPAP Initial Day	\$ 237.00
Functional Residual Capacity	\$ 52.00
Press or Nonpress Inhale (Aerosol, MDI or IPPB)	\$ 42.00
Pulse Ox - Continuous	\$ 33.00
Respiratory Flow Volume	\$ 30.00
Spirometry Before & After Dilator	\$ 81.00
Ventilator Management Initial Day	\$ 404.00
Ventilator Management Subsequent Day(s)	\$ 273.00

X-Ray and Radiological Charges

The following charges reflect the hospital's 30 most common x-ray and radiological procedures. There may be additional supply and contrast media charges depending on the procedure.

Abdomen CT w/ Contrast	\$1,964.00
Abdomen CT w/o Contrast	\$1,283.00
Abdomen KUB X-Ray	\$ 107.00
Abdominal Ultrasound	\$ 342.00
Ankle X-Ray 3 Views	\$ 142.00
Bone Desity (DXA)	\$ 414.00
Brain CT w/o Contrast	\$1,155.00
Brain MRI w/o Contrast	\$2,294.00
Breast Ultrasound	\$ 636.00
Chest Atreriogram CTA	\$2,310.00
Chest CT w/ Contrast	\$1,838.00
Chest X-Ray 1 View	\$ 98.00
Chest X-Ray PA & LAT 2 Views	\$ 137.00
Fluoroscopy Up To 1 Hour	\$ 546.00
Foot X-Ray 3 or More Views	\$ 140.00
Hand X-Ray Minimum of 3 Views	\$ 142.00
Hip X-Ray Unilateral Minimum of 2 Views	\$ 167.00
Knee X-Ray 4 or More Views	\$ 184.00
Mammogram Screening (Analog)	\$ 48.00
Mammogram Screening (Digital)	\$ 115.00
Myocardial Ejection Fraction	\$ 217.00
Myocardial Wall Motion	\$ 217.00
Pevlic CT w/ Contrast	\$1,751.00
Pevlic CT w/o Contrast	\$1,284.00
Retroperitoneal (Renal) Ultrasound	\$ 461.00
Shoulder X-Ray Minimum 2 Views	\$ 135.00
SPECT Myocardial Profusion Imaging; Tomographic	\$2,683.00
Spine, Lumbosacral X-Ray 2 or 3 Views	\$ 179.00
Spine, Cervical X-Ray Minimum of 4 Views	\$ 239.00
Transvaginal Non-OB Ultrasound	\$ 422.00



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Laboratory Charges

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

ABG (Arterial Blood Gases)	\$ 166.00
ALT(SGPT)	\$ 31.00
Blood Culture	\$ 61.00
Blood Type - ABO	\$ 18.00
Blood Type - RH	\$ 18.00
BUN (Blood Urea Nitrogen)	\$ 24.00
CBC w/ Diff	\$ 46.00
CBC w/o Diff	\$ 38.00
CKMB	\$ 54.00
Creatinine	\$ 30.00
Drug Screen	\$ 81.00
Electrolyte Panel	\$ 27.00
Glucose	\$ 23.00
Gram/Giemsa Stain	\$ 25.00
Hemoglobin	\$ 57.00
Lipase	\$ 41.00
Lipid Profile	\$ 75.00
Liver/Hepatic Panel	\$ 37.00
Magnesium	\$ 34.00
Metabolic Panel, Basic	\$ 43.00
Metabolic Panel, Comprehensive	\$ 62.00
Phosphorus	\$ 28.00
PT (Prothrombin Time)	\$ 23.00
PTT (Partial Throm Time)	\$ 36.00
RBC Antibody Screen	\$ 58.00
Troponin	\$ 58.00
TSH (Thyroid Stim Horm)	\$ 99.00
Urinalysis, Complete	\$ 19.00
Urinalysis, Screen	\$ 14.00
Urine Culture, Colony Count	\$ 48.00



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Hospital Billing Policies

Mount Carmel is committed to providing the highest quality health care to every patient, regardless of the ability to pay. We offer the information contained here to help you understand your hospital bill, health insurance requirements, and financial assistance options.

Patients may also call 614-234-8888 or 800-346-1009 to speak to a representative for assistance.

Patients with Health Insurance

Mount Carmel accepts Medicare, Medicaid, managed care, commercial, and work-related insurance plans. Payment of your financial obligation is required at the time of service. Mount Carmel will bill your primary insurance company for you. If you have secondary insurance coverage, Mount Carmel will bill that company, after your primary insurance benefits are processed.

As a patient, you assume responsibility for paying any charges that your insurance company denies or does not pay. If you have questions about your financial obligation, or about other benefits, call your insurance company directly.

Patients without Health Insurance

Patients who wish to schedule elective medical and/or maternity services are required to pay in full prior to coming in for the service. A Patient Financial Specialist will contact you prior to your scheduled service to arrange for payment of your bill. You may make an acceptable payment plan to resolve the account balance and any other outstanding obligations at that time.

Payment Options

You may pay for services online at mountcarmelhealth.com, via "check by phone," or by personal check, credit card, bank loan, or cash. You may also make arrangements to pay an acceptable monthly amount. There will be a fee charged for checks returned unpaid. Mount Carmel Health System does not charge interest for financial obligations that are paid within the regular Mount Carmel Health billing cycle or through a mutually acceptable payment arrangement.

Financial counselors are available for consultation while you are a patient at Mount Carmel East, West, or St. Ann's to help you resolve your hospital bill. If you have any questions, contact your Patient Financial Specialist, who can provide financial counseling services.

Financial Assistance

If you cannot pay the balance of your bill in full, contact Mount Carmel Patient Financial Services. Two options are available for financial assistance. Medically unnecessary procedures may not qualify.

Hospital Care Assurance Program (HCAP)

The Hospital Care Assurance Program (HCAP) is available to patients:

- who are Ohio residents
- who are not currently receiving Medicaid benefits
- whose personal/family income is at or below federal poverty income guidelines

If you apply and are eligible for this program, you will not be billed for hospital services. You will be responsible for paying your physicians' bills. For more information, call 614-234-8796.

Mount Carmel Financial Assistance Programs

Mount Carmel provides financial assistance programs that are based on a patient's income, expenses, and other circumstances.

Other Bills for Your Treatment

Your bill from Mount Carmel is only for hospital services. Depending on the services you received, you may be billed by your personal physician, other physicians who were involved in your care, and/or physicians who administered/interpreted your test results, including, but not limited to, bills for such services as emergency care, radiology, pathology, and anesthesiology.

If you have questions about any bill you receive, other than a bill from Mount Carmel, you should call the office that sent the bill directly.

Price Information

A phone line is available for patients to request non-published pricing information for patients on a case-by-case basis. That number is (614) 234-6074.

Patient Financial Services

(614) 234-8888 or (800) 346-1009

Regular Business Hours 8 a.m. - 4:45 p.m. Monday - Friday

Automated Touch-Tone Service

Mount Carmel's Automated Touch-Tone Service offers quick answers to many common questions about your account. You must have your account number ready when you call. Your ten-digit account number begins with the letter E, S or M. It can be found on the statement that you received from Mount Carmel. Access to this service is available 24-hours-a-day.



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.