



MOUNT CARMEL
New Albany
Surgical Hospital

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

Routine care \$ 630.00

Operating Room Charges

Operating Room charges are based on the complexity level 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. Recovery time is charged by complexity level with an initial hour and then each additional 15 minutes. Additional charges will be made for the supplies used in the course of the surgery.

Surgery Room	Initial Hour	Add 15 Min
<i>Major Spine</i>	\$3,570.00	\$ 770.00
<i>OR Level I</i>	\$2,570.00	\$ 570.00
<i>OR Level II</i>	\$2,070.00	\$ 470.00
<i>OR Level III</i>	\$1,570.00	\$ 370.00
<i>OR Level IV</i>	\$1,070.00	\$ 270.00
Phase I Recovery		
<i>Initial Hour</i>		\$ 504.00
<i>Each Additional 15 Mins</i>		\$ 112.00
Phase II Recovery		
<i>Initial Hour</i>		\$ 458.00
<i>Each Additional 15 Mins</i>		\$ 70.00

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
Physical Therapy Evaluation - Basic	\$ 146.00
Physical Therapy Re-evaluation	\$ 94.00
Therapeutic Activities - 15 Min	\$ 87.00
Therapeutic Exercises - 15 Min	\$ 88.00

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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.

Chest Physiotherapy Initial Day	\$ 51.00
Chest Physiotherapy Subsequent Day(s)	\$ 37.00
CPAP Initial Day	\$ 237.00
Press or Nonpress Inhale (Aerosol, MDI or IPPB)	\$ 42.00
Pulse Ox - Continuous	\$ 33.00
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.

Fluoroscopy Up To 1 Hour	\$ 546.00
Abdomen KUB X-Ray	\$ 107.00
Chest Atreriogram CTA	\$2,310.00
Chest X-Ray 1 View	\$ 98.00
Chest X-Ray PA & LAT 2 Views	\$ 137.00
Fluoroscopic Guidance for CVAD	\$ 558.00
Fluoroscopic Guidance for Needle Placement	\$ 291.00
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 1 or 2 Views	\$ 126.00
Knee X-Ray 3 Views	\$ 160.00
Lower Extremity MRI w/o Contrast	\$2,281.00
Pelvic X-Ray 1 or 2 Views	\$ 112.00
Shoulder X-Ray 1 View	\$ 103.00
Shoulder X-Ray Minimum 2 Views	\$ 135.00
Spine X-Ray 1 View	\$ 103.00
Spine, Cervical Complete Including Oblique/Flexion/E	\$ 305.00
Spine, Cervical MRI w/o Contrast	\$2,295.00
Spine, Cervical X-Ray 2 or 3 Views	\$ 167.00
Spine, Cervical X-Ray Minimum of 4 Views	\$ 239.00
Spine, Lumbar CT w/ Contrast	\$1,838.00
Spine, Lumbar Discogram	\$ 797.00
Spine, Lumbar MRI w & w/o Contrast	\$3,572.00
Spine, Lumbar MRI w/o Contrast	\$2,297.00
Spine, Lumbosacral CT w/o Contrast	\$1,283.00
Spine, Lumbosacral X-Ray Minimum of 4 Views	\$ 251.00
Ultrasound Guidance for Vascular Access	\$ 269.00
Upper Extremity Joint (any) MRI w/o Contrast	\$2,281.00
Upper Extremity MRI w/ Contrast	\$2,805.00

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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

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