

ROOM and BOARD- Semi Private rates**2019 Pricing**

Intensive Care Unit	\$3,043.43
Progressive Care Unit	\$3,098.97
Maternity	\$3,098.97
Pediatric Care Unit	\$3,098.97
Nursery Level 1	\$1,093.81
Nursery Level 2	\$2,088.35
General Medical Surgical	\$3,098.97

EMERGENCY DEPARTMENT

Level 1	\$226.99
Level 2	\$372.51
Level 3	\$726.34
Level 4	\$1,184.30
Level 5	\$1,464.69
Critical Care 30 - 74 Minutes	\$1,654.64
Critical Care - ea add'l 30 minutes	\$762.12

OPERATING ROOM CHARGES

Level 1 each 15 mins	\$2,965.67
Level 2 each 15 mins	\$3,118.86
Level 3 each 15 mins	\$3,272.06
Level 4 each 15 mins	\$4,344.44
Level 5 each 15 mins	\$5,110.43
Level 6 each 15 mins	\$8,174.37
Level 7	

LABORATORY CHARGES

Albumin Serum	\$23.59
Amylase	\$30.91
Arterial Blood Gases	\$92.27
Bilirubin	\$19.25
Blood Culture	\$49.25
Blood Draw	\$10.50
Calcium Quantitative	\$24.61
Carbon Dioxide	\$23.31
CBC with Differential	\$37.07
Chloride Serum	\$21.91
CPK	\$31.05
Creatinine	\$24.43
Glucose	\$18.73
Hemoglobin A1C	\$46.28
Lipase	\$32.83
Lipid Profile	\$60.66
Magnesium	\$27.52
Phosphatase Alkaline	\$24.68
Phosphorus	\$22.61

Potassium Serum	\$21.91
Prothrombin Time	\$18.77
SGOT	\$24.68
SGPT	\$25.27
Sodium Serum	\$22.96
T4	\$32.73
Troponin, Quantitative	\$46.90
TSH	\$80.12
Urea Nitrogen (BUN)	\$18.83
Urinalysis with Micro	\$15.12
Urinalysis without Micro	\$14.00

PULMONARY THERAPY CHARGES

Aerosol Treatment Initial	\$177.33
Arterial Blood Gas	\$67.00
Ventilator First Day	\$742.70
Bipap Initial	\$742.70

OCCUPATIONAL THERAPY CHARGES

Occupational Therapy Evaluation Comprehensive	\$433.48
Exercise Therapeutic	\$151.73
Therapeutic Activities	\$166.17
Neuromuscular Coordination	\$164.17
Cognitive Retraining	\$145.95
Work Task Analysis per 15mins	\$145.95

PHYSICAL THERAPY CHARGES

Physical Therapy Evaluation Comprehensive	\$395.91
Exercise Therapeutic	\$151.73
Ambulation and Gait Training	\$138.72
Therapeutic Activities	\$166.17
Electro Stimulation Unattended	\$137.27
Ultrasound Therapy	\$60.69

X-RAY and RADIOLOGICAL CHARGES

Abdomen CT w/ Contrast	\$1,753.24
Abdomen CT w/o Contrast	\$1,329.24
Abdomen KUB X-Ray	\$227.90
Abdominal Ultrasound	\$753.67
Acute Abdominal Series	\$390.08
Ankle X-Ray 3 Views	\$307.40
Bone Density (DEXA Body Scan)	\$507.74
Brain MRI w/o Contrast	\$2,017.09
Breast Ultrasound unilateral	\$480.19
Cervical Spine	\$307.40
Chest CT w/ Contrast	\$1,753.24
Chest X-Ray PA & LAT 2 Views	\$287.26

Fluoroscopy up to 1 Hour	\$284.04
Foot X-Ray 3 or More Views	\$307.40
Gallbladder Ultrasound	\$753.67
Hand X-Ray Minimum of 3 Views	\$307.40
Head CT w/o Contrast	\$1,329.24
Hip X-Ray Unilateral Minimum of 2 Views	\$307.40
Knee X-Ray 3 views	\$307.40
Lumbar Spine 2 to 3 views	\$528.94
Mammogram Screening (Analog)	\$270.30
Mammogram Screening (Digital)	\$624.35
Neck CT w/ Contrast	\$1,753.24
Pelvic CT w/ Contrast	\$1,753.24
Pelvic CT w/o Contrast	\$1,329.24
Shoulder X-Ray Minimum 2 Views	\$307.40
SPECT Myocardial Profusion Imaging - Multi	\$4,820.94
Spine, Cervical X-Ray	\$307.40
Spine, Lumbosacral X-Ray	\$307.40
Transvaginal Non-OB Ultrasound	\$753.67