



## Patient Price Information List

In compliance with state law, Fairview Hospital is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospitals' 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 January 1, 2022.

### Room and Board – Per Day Charges

|                  |          |                               |          |
|------------------|----------|-------------------------------|----------|
| Coronary care    | \$ 2,696 | Obstetrics/Labor and Delivery | \$ 1,742 |
| Intensive care   | \$ 4,757 | Nursery                       | \$ 1,379 |
| Medical/Surgical | \$ 1,659 | Neonatal                      | \$ 3,594 |

### 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.

|                           |          |                                    |          |
|---------------------------|----------|------------------------------------|----------|
| Vaginal Delivery Single   | \$ 2,998 | Cesarean Section Delivery Single   | \$ 4,706 |
| Vaginal Delivery Twins    | \$ 3,396 | Cesarean Section Delivery Twins    | \$ 6,220 |
| Vaginal Delivery Triplets | \$ 3,995 | Cesarean Section Delivery Triplets | \$ 6,810 |

### 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 | \$ 342   | Critical care, Initial    | \$ 3,191 |
| Level 2 | \$ 621   | Critical care, Additional | \$ 1,519 |
| Level 3 | \$ 1,092 |                           |          |
| Level 4 | \$ 1,772 |                           |          |
| Level 5 | \$ 2,598 |                           |          |

## Operating Room Charges

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Operating Room charges are based on the complexity level, with Type 1 being the most basic. The following list does not include charges for anesthesia, drugs, or supplies required for a particular operating room procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.

Per 30 minute increment

|         |          |                                 |          |
|---------|----------|---------------------------------|----------|
| Level 1 | \$ 2,246 | Level 1 each additional 30 mins | \$ 1,653 |
| Level 2 | \$ 2,768 | Level 2 each additional 30 mins | \$ 2,172 |
| Level 3 | \$ 3,120 | Level 3 each additional 30 mins | \$ 2,534 |
| Level 5 | \$ 3,424 | Level 5 each additional 30 mins | \$ 2,842 |
| Level 5 | \$ 3,847 | Level 5 each additional 30 mins | \$ 3,285 |
| Level 6 | \$ 4,112 | Level 6 each additional 30 mins | \$ 3,845 |

## Physical Therapy Charges

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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 & Report             | \$ 412 |
| Gait Training                   | \$ 133 |
| Therapeutic Exercise/per 15 min | \$ 164 |
| Therapeutic Group               | \$ 137 |

## Occupational Therapy Charges

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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 & Report | \$ 523 |
| Gait Training       | \$ 164 |
| Therapeutic Group   | \$ 137 |

## Pulmonary Therapy Charges

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

|                                |        |
|--------------------------------|--------|
| Airway Inhilation Treatment    | \$ 140 |
| CPAP Initiation and Management | \$ 319 |
| Spirometry                     | \$ 277 |

## X-Ray and Radiological Charges

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The following charges reflect the hospital's 30 most common x-ray and radiological procedures.

|  |          |  |          |
|--|----------|--|----------|
| XR Chest 1 View                            | \$ 166   | Screening Digital Tomography of Both Breasts | \$ 111   |
| XR Chest 2 Views                           | \$ 210   | XR Spine Lumbosacral 2 or 3 Views            | \$ 371   |
| CT Head Brain wo Contrast                  | \$ 1,313 | XR Knee 4 Views or More                      | \$ 443   |
| Screening Mammography, bilateral, with CAD | \$ 483   | MRI Neck w wo Contrast                       | \$ 2,207 |
| CT Abdomen & Pelvis w Contrast             | \$ 2,699 | XR Ankle 3 Views                             | \$ 361   |
| XR Addomen 1 View                          | \$ 180   | XR Pelvis 1 or 2 Views                       | \$ 360   |
| CT Thorax w Contrast                       | \$ 1,367 | XR Hand 3 Views Minimum                      | \$ 381   |
| Ultrasound Abdomen Limited                 | \$ 722   | Ultrasound Breast Unilateral Limited         | \$ 418   |
| CT, Abdomen and Pelvis wo Cont             | \$ 1,693 | MRI Brain wo Contrast                        | \$ 1,573 |
| CT Cervical Spine wo Contrast              | \$ 1,187 | Bone Density DEXA                            | \$ 289   |
| CT Thorax wo Contrast                      | \$ 1,519 | Diagnostic Mammography, unilateral, with CAD | \$ 425   |
| Ultrasound Retroperitoneal                 | \$ 774   | XR Wrist 3 Views Minimum                     | \$ 359   |
| XR Foot 3 Views Minimum                    | \$ 361   | XR Knee, 1 or 2 Views                        | \$ 275   |
| XR Shoulder 2 Views                        | \$ 356   | CT Blood Vessel of Head w Contrast           | \$ 2,302 |
| XR Hip, Uniteral, 2-3 views                | \$ 370   | MRI Brain w wo Contrast                      | \$ 2,637 |

## Laboratory Charges

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

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|-------------------------------|--------|-----------------------------|--------|
| Glucose, Blood, Scan          | \$ 20  | Phosphorus Serum            | \$ 165 |
| CBC/Differential              | \$ 67  | Renal Function Panel        | \$ 88  |
| Comprehensive Metabolic Panel | \$ 158 | Potassium                   | \$ 27  |
| Basic Metabolic Panel         | \$ 104 | Bacterial Urine Culture     | \$ 67  |
| CBC                           | \$ 58  | Lipase                      | \$ 62  |
| Magnesium                     | \$ 194 | Blood Gases                 | \$ 294 |
| Troponin                      | \$ 112 | Hemoglobin                  | \$ 55  |
| Prothrombin Time              | \$ 48  | C-Reactive Protein          | \$ 77  |
| Urinalysis w/microscopy       | \$ 46  | Surgical Pathology, Level 4 | \$ 942 |
| Partial Thromboplastin Time   | \$ 57  | Sodium                      | \$ 27  |
| Lactic Acid                   | \$ 78  | Ionized Calcium             | \$ 100 |
| Bacterial Blood Culture       | \$ 147 | Creatine Kinase             | \$ 55  |
| Blood Typing, Rh (D)          | \$ 53  | Pregnancy Test, Urine       | \$ 87  |
| Blood Typing, ABO             | \$ 61  | Bacterial Culture, aerobic  | \$ 66  |
| Antibody Screen               | \$ 111 | Venipuncture                | \$ 31  |

## Hospital Billing Policies

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We want to make sure that you receive the full benefits of your insurance coverage as well as consideration under our financial assistance programs, if applicable. Before we bill you, we bill your insurance provider, including Medicare and Medicaid, and any secondary insurance providers. We do not charge interest on any balance due after insurance payments are received. We will send an easy-to-understand billing statement showing the most current balance owed by your insurance provider as well as any balance due from you. If you are not able to pay the amount you owe in full, you may contact us regarding applying for financial assistance or being set up on a payment plan. Emergency service will never be delayed or withheld on the basis of a patient's ability to pay.

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 [ohanet.org/portal](http://ohanet.org/portal).