



Cleveland Clinic

**Akron General
Lodi Hospital**

Patient Price Information List

In compliance with state law, Lodi Hospital is providing this price list containing our charges for Room and Board, Emergency Department, Operating Room, Physical Therapy, Occupational Therapy, Respiratory, Radiology and Lab. The hospital's charges are the same for all patients. Patients needing financial assistance with their hospital bills should review the information on the back of their billing statement, or call us at 330.344.6924. These prices are correct as of January 1, 2022.

Room and Board — Per Day Charges

Semi-Private Room – Swing	\$1,093
Semi-Private Room	\$1,426

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.

Room Charge - Level 1	\$192	Room Charge - Level 4	\$1,159
Room Charge - Level 2	\$376	Room Charge - Level 5	\$1,620
Room Charge - Level 3	\$675		

Operating Room Charges

Charges for our Operating Room services generally depend on the complexity of the particular operation. There are five levels of complexity, with level 5 being the most complex.

Complexity Level	Initial 30 Minutes	Each Addtl. 30 Minutes
1	\$1,638	\$1,162
2	\$2,019	\$1,529
3	\$2,275	\$1,779
4	\$2,501	\$1,998
5	\$2,797	\$2,296

In addition, there is an anesthesia charge for any operating room procedure:

Anesth - Regional Block 15 Min	\$45	Anesth - MAC 15 Min	\$94
Anesth - Bier Block 15 Min	\$77	Anesth - Spinal 15 Min	\$109
Anesth - Paravert Block 15 Min	\$94	Mod Sedation Init 15 Min	\$386
Anesth - Epidural 15 Min	\$108	Mod Sedation Ea Adtl 15 Min	\$182
Anesth - General 15 Min	\$131		

The above listed fees do not include the fees for drugs, appliances or supplies used as required for a particular surgery. Surgeon and Anesthesiologist professional fees are billed by the physician.

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.

Aquatic Therapy Ex Per 15 Min	\$115	Neuro-Muscular Re-Ed Per 15 Min	\$186
Electrical Stimulation (unattended)	\$132	Physical Therapy Eval Low	\$158
Electrical Stimulation (manual) Per 15 Min	\$185	Physical Therapy Eval Moderate	\$237
Exercise Per 15 Min	\$136	Physical Therapy Eval High	\$355
Gait Training Per 15 Min	\$123	Physical Therapy Re-Eval	\$237
Iontophoresis Per 15 Min	\$141	Therapeutic Activity Per 15 Min	\$138
Manual Techniques Per 15 Min	\$171	Ultrasound Per 15 Min	\$135
Massage Per 15 Min	\$135	Wheelchair Training	\$135

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.

Exercise Per 15 Min	\$136	Ortho/Prosthetic Checkout Per 15 Min	\$129
Manual Techniques Per 15 Min	\$171	Ortho/Prosthetic Training Per 15 Min	\$135
Neuro-Muscular Re-Ed Per 15 Min	\$186	Paraffin	\$129
Occupational Therapy Eval Low	\$237	Self Care/Home Training Per 15 Min	\$121
Occupational Therapy Eval Moderate	\$355	Therapeutic Activity Per 15 Min	\$138
Occupational Therapy Eval High	\$474	Ultrasound Per 15 Min	\$135

Respiratory 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 Therapy	\$272	DLCO Diffusion Capacity	\$471
Arterial Puncture	\$132	Lung Volume Studies	\$559
Blood Gas Arterial	\$266	Metered Dose Inhaler (MDI) Therapy	\$272
Blood Gas Venous	\$266	Oximeter Eval Once per Day	\$113
Chest Physiotherapy (Initial)	\$182	Oximetry with Rest & Exercise	\$228
Chest Physiotherapy (Subsequent)	\$182	Oxygen Per Day Subsequent	\$279
Continuous PAP	\$780	PFT B/A Bronchial-Dilation	\$1,182

X-Ray and Radiological Charges

The following charges reflect the hospital's most common X-ray and radiological procedures. These prices do not include the price of supplies that may be required for some procedures. Physicians bill separately for their services.

Abdomen Complete 2 Views	\$391	Finger(s) Minimum 2 Views	\$260
Ankle Complete Minimum 3 Views	\$373	Foot Complete Minimum 3 Views	\$373
Bone Density Study by X-ray	\$598	Hand Minimum 3 Views Unilateral	\$359
Cervical Spine, 4 or 5 Views	\$542	Hip Unilateral 2-3 Views/Pelvis If Performed	\$358
Chest 2 Views	\$381	Knee Complete 4 or More Views	\$492
Chest Single View	\$279	Lumbosacral Spine 2-3 Views	\$462
CT Abdomen with Contrast	\$2,384	Lumbosacral Spine Complete min 4 Views	\$644
CT Abdomen without Contrast	\$2,056	Mammogram Screening w/CAD	\$405
CT Angio Chest	\$3,032	Mammogram Diagnostic w/CAD Unilateral	\$377
CT Cervical Spine without Contrast	\$2,289	Pelvis 1 or 2 views	\$314
CT Chest with Contrast	\$2,678	Ribs Unilateral 2 Views	\$373
CT Head without Contrast	\$1,922	Shoulder Complete Minimum 2 Views	\$386
CT Pelvis with Contrast	\$2,627	Tibia/Fibula Front, Back & Lateral Views	\$341
CT Pelvis without Contrast	\$2,047	Ultrasound Abdomen	\$1,003
Elbow Complete Minimum 3 Views	\$339	Wrist Complete Minimum 3 Views	\$355

Laboratory Charges

The following charges reflect the hospital's most common laboratory procedures. Patients may have additional charges, depending on the services performed.

Amylase, Serum	\$117	Lipid Profile	\$132
Basic Metabolic Panel	\$98	Organism Identification	\$77
Creatine Kinase-Myocardial Band (CKMB)	\$166	Pap, Thin Prep	\$127
Comprehensive Metabolic Panel	\$137	Pro Time	\$47
Creatine Phosphokinase (CPK-CK)	\$38	PSA Screen	\$195
Culture, Blood	\$253	Partial Thromboplastin Time (PTT)	\$74
Culture, Strep	\$94	Rapid GRP A Strep Throat	\$95
Culture, Urine	\$110	Sedimentation Rate (SED)	\$40
Glucose by Meter	\$52	Susceptability Panel	\$122
Serum Pregnancy Test (HCG QUAL)	\$53	Thyroxine, Free	\$135
Hemogram with Automated Differential	\$84	Troponin I, Quantitative	\$173
Hepatic Panel	\$104	Thyroid Stimulating Hormone (TSH)	\$174
Hemoglobin A1C (HGB-A1C)	\$84	Urinalysis Macroscop	\$30
High Sensitivity Cross Reacting Protein (CRP)	\$168	Urinalysis Routine	\$94
Lipase	\$134	Venipuncture	\$24

Hospital Billing Policies

Lodi Community Hospital will bill all of your medical insurance carriers. Please be sure we have your correct and complete insurance information. This is most easily accomplished if you present your insurance cards when you are registering. Copayments should be paid at the time of service.

Balances remaining after insurance payments and adjustments will be billed to you. You may also be billed if your insurance company denies payment or fails to respond. We encourage you to appeal denials with your insurance company and to call them when you have not received notice that they have paid your bill.

When you do receive your bill, payment in full is expected, and appreciated. If you cannot pay your entire balance, please call us and we will try to help.

Having trouble paying your bill? Uninsured? You may be eligible for financial assistance. For information call 330.344.6924 or 1.866.440.0257, or you can go to www.akrongeneral.org/financialpolicy.