



**Patient Price Information List**

Robinson Memorial Hospital is an affiliate member of Summa Health System

In compliance with state law, Robinson Memorial 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 valid through 12/31/2009.

**Room and Board -- Per Day Charges**

	Charges
ROUTINE CARE	\$1,020
SPECIAL CARE	\$1,477
INTENSIVE CARE	\$2,648

**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.*

	Charges
NORMAL DELIVERY	\$2,688
CESAREAN SECTION DELIVERY	\$5,083
LABOR ROOM PER DAY	\$1,020
NEWBORN BASSINET	\$777

**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.*

	Charges
LEVEL 1	\$113
LEVEL 2	\$267
LEVEL 3	\$380
LEVEL 4	\$875
LEVEL 5	\$972

**Operating Room Charges**

*Operating Room charges are based on the complexity level, with level 1 being the most basic, for a particular operation. There is not an additional charge for extended time in the operating room.*

*However, the following rates do not include fees for drugs, non-routine supplies or additional ancillary testing that may be required for a particular surgical procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.*

	Charge
LEVEL 1	\$2,099
LEVEL 2	\$2,699
LEVEL 3	\$3,081
LEVEL 4	\$3,802
LEVEL 5	\$4,334
LEVEL 6	\$5,045
LEVEL 7	\$6,015

### 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.*

	Charge
AQUA THERAPY - 15 MIN	\$48
ELECTRIC STIMULATION - UNATTENDED	\$60
EVALUATION - COMPREHENSIVE	\$205
MANUAL THERAPY - 15 MIN	\$60
RE-EVALUATION	\$102
ULTRASOUND - 15 MIN	\$60

### 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.*

	Charge
ELECTRIC STIMULATION - UNATTENDED	\$60
EVALUATION - COMPREHENSIVE	\$205
FLUIDOTHERAPY	\$87
MANUAL THERAPY - 15 MIN	\$60
RE-EVALUATION	\$102

### Respiratory Therapy Charges

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

	Charge
CARBON MONOXIDE DIFF CAP	\$180
CPAP INITIAL MANAGEMENT	\$200
PULSE OX MULT DETERMINATION	\$234
PULSE OX SINGLE DETERMINATION	\$91
VENT ASSIST MANAGEMENT DAY ONE	\$280
VENT ASSIST MANAGEMENT SUBSQNT	\$180

### X-Ray and Radiological Charges

*The following charges reflect the hospital's 30 most common x-ray and radiological procedures. The charge does not reflect the fee for services of the radiologist which will be billed separately by the radiologist.*

	Charge
ABD CO INC DEC &/O UP	\$251
ABDOMEN,UPPER,WITHOUT	\$1,196
ANKLE COMP MIN 3V (RT or LT)	\$194
BREAST CAD-SCREENING	\$27
CERVICAL WITHOUT	\$1,231
CHEST 1V FRONTAL	\$122
CHEST 2V FRONTAL/LAT	\$174
CHEST-PORTABLE	\$245
CT ABDOMEN UPPER WITH	\$1,408
CT CHEST W & W/O	\$2,450
CT HEAD WITHOUT	\$966
CT PELVIS WITH	\$1,380
CT PELVIS WITHOUT	\$1,213
CT THORAX WITH	\$1,437
FOOT COMP MIN 3V (RT or LT)	\$194
HAND MIN 3V-RT or LT	\$194
HIP UNILATERAL MIN 2V	\$215
KNEE COMP MIN 4V (RT or LT)	\$236
(KUB) ABD 1 VIEW AP	\$194
MAMMO DIAG UNILAT-RT or LT	\$83
MAMMOGRAM - SCREENING	\$103

MRI BRAIN W/O CONTRAST	\$1,801
PELVIS	\$431
RETR LMTD RENAL	\$513
SHOULDER MIN 2V (RT or LT)	\$211
SPINE CERVICAL MIN 4V	\$337
SPINE LUMBAR COMPL W/OBLS	\$342
ULTRASOUND ABDOMEN LTD	\$513
ULTRASOUND PELVIS TRANSV	\$431
WRIST COMPL MIN 3V-RT or LT	\$194

### Laboratory Charges

*The following charges reflect the hospital's 30 most common laboratory procedures. The charge does not reflect the fee for services of the pathologist which will be billed separately by the pathologist.*

	Charge
BACTID/UR	\$29
BASIC METABOLIC PNLMC	\$123
BLOOD CULTURE	\$156
CARDIAC BNP	\$110
CBC	\$54
CK-MB	\$129
COMPREHEN METABOLIC	\$213
CPK	\$18
GLUCOSE BY GLUCOMETER	\$32
GLYCOHEMOGLOBIN	\$36
GRAM STAIN	\$32
HEMATOCRIT PCV	\$23
HEMOGLOBIN (HGB)	\$23
HEPATIC FUNC PANEL MC	\$107
LIPASE	\$43
LIPID PROFILE	\$83
MAGNESIUM	\$60
PHLEBOTOMY-MANUAL CHG	\$25
PHOSPHORUS	\$18
PROTHROMBIN TIME-PT	\$49
ROUT URINE W MICROSCP	\$47
SED RATE-WESTERGREN	\$29
SENSITIVY-KIRBY BAUER	\$50
T4	\$40
THROMBOPLSTN TIME-PTT	\$51
TROPONIN	\$63
TSH	\$68
URINE CULTURE	\$113
VENIPICTURE	\$25
ZCBCD	\$86



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