



Patient Price Information List

In compliance with state law, Clinton Memorial Hospital is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. Clinton Memorial 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 **January 1, 2010.**

Room and Board -- Per Day Charges

	Charges
Intensive care	\$1,086.00
Nursery	\$570.00
Obstetrics (Private Rooms)	\$507.00
Rehabilitation Unit	\$454.00
Private Room (Private Room)	\$418.00

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
Birth Room 1S Ten Hrs	\$1,947.00
Treatment Room Fee 30 Min	\$112.25
Fetal Monitor	\$174.50
Labor Room (Minimum)	\$113.75
per additional hour	\$55.25

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	\$79.50
Level 2	\$96.75
Level 3	\$168.00
Level 4	\$317.00
Level 5	\$481.50
Critical care	\$630.50



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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 an initial, set-up charge as well as an additional charge for each 15 minutes while the operation is being performed.

	Charges	
	Set-Up Charge	Additional 15-Minute Charge
Level 1	\$2,378.75	\$447.75
Level 2	\$2,725.50	\$511.75
Level 3	\$2,852.75	\$563.25
Level 4	\$3,107.25	\$613.75

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.

	Charges
Therapeutic Exercise (15 minutes)	\$79.50
Electrical Stimulation	\$101.75
Gait Training (15 minutes)	\$26.75
Manual Therapy (ea. 15 minutes)	\$100.00
PT Evaluation (30 minutes)	\$193.25
PT Evaluation (15 minutes)	\$193.25
Ultrasound (15 minutes)	\$105.25
Therapeutic Activities (ea. 15 minutes)	\$36.50

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.

	Charges
ADL - (each 15 minutes)	\$29.50
Exer. Therapeutic (15 minutes)	\$79.50
Ther. Activities (ea. 15 minutes)	\$36.50
Neuromusc Re-ED (ea 15 minutes)	\$39.00
OT EVAL-15 minutes	\$131.75
OT EVAL-30 minutes	\$131.75
Ultrasound (ea. 15 minutes)	\$105.25



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Respiratory 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.

	Charges
Medication Nebulizer - Initial Treatment	\$38.25
Medication Nebulizer - Subsequent	\$35.50
Pulse Oximetry - Single	\$24.75
MDI, Subsequent Treatment	\$33.50
SMI Treatment, Subsequent	\$60.50
SMI, Initial Treatment	\$60.75

CARDIAC DIAGNOSTIC SERVICES

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

	Charges
Electrocardiogram	\$102.75
Stress Test (Test&Rpt)	\$872.50
Echocardiogram - TTE w/doppler Complete	\$1,585.50
Electroencephalogram (Diagnostic)	\$350.50



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X-Ray and Radiological Charges

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

	Charges
CT HEAD WO/CONTRAST	\$912.75
CT ABDOMEN WO/CONTRAST	\$1,002.25
CT INT ORGAN - PELVIS WO	\$1,094.25
CT INT ORGAN - PELVIS W	\$1,307.75
CT THORAX W/CONTRAST	\$1,211.50
CT ABDOMEN W&WO	\$1,321.50
CREATININE	\$32.50
CT ABDOMEN W/CONTRAST	\$1,142.00
CR CHEST PA & LATERAL	\$201.00
CR CHEST PA	\$95.25
MA CAD SCREEN MAMMOGRAM	\$40.25
MA MAMMO SCREEN BILAT	\$159.25
CR ABD SUPINE/UPR/DECUB	\$167.00
CR L-SPINE - AP&LAT	\$196.75
CR ABDOMEN KUB ONE VIEW	\$134.50
CR DEXA BONE DENSITOMETRY	\$448.50
CR C-SPINE - 4 VIEW W/OBL	\$214.75
CR KNEE AP&LAT RT	\$214.25
CR KNEE AP & LAT LT	\$214.25
CR HAND 3 VIEWS RT	\$233.25
CR FOOT 3 VIEWS LT	\$245.25
CR FOOT 3 VIEWS RT	\$245.25
CR SHOULDER - 2 VIEW RT	\$215.00
CR ANKLE 3 VIEWS RT	\$232.75
MR LUMBAR WO CNTR	\$1,840.75
NM CARDIOLITE TREADMILL	\$2,001.00
NM MYOC PERF W WALL MOT	\$221.50
NM MYOCARD PERF/EJECT FX	\$773.50
US SONO ABDOMEN CMP	\$519.75
US SONO PELVIC COMP GYN	\$591.25



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Laboratory Charges

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

	Charges
ABO GROUP	\$26.50
AEROBIC ISOLATE ID	\$38.00
AMYLASE	\$44.00
APTT	\$35.75
BASIC METABOLIC PANEL	\$111.75
BILIRUBIN DIRECT	\$35.00
CBC WITH PLATELET/DIFF	\$68.00
CKMB	\$72.75
COMP METABOLIC PANEL	\$201.25
CREATINE KINASE	\$23.75
CULTURE URINE	\$61.50
CULTURE, BLOOD	\$85.25
HEMOGLOBIN A1C	\$55.00
HEMOGRAM W/PLATELETS	\$39.50
HEPATIC PROFILE	\$137.50
LDH	\$34.00
LIPASE	\$44.00
LIPID PROFILE	\$46.25
MAGNESIUM	\$43.75
PHOSPHORUS	\$29.25
PROTHROMBIN TIME	\$21.00
PSA, TOTAL	\$124.50
RENAL FUNCTION PANEL	\$109.00
RH D BLOOD TYPING	\$19.25
SENSITIVITY, MIC	\$32.00
SURGICAL PATH LEVEL IV	\$271.25
TROPONIN I	\$73.00
TSH	\$90.50
URINALYSIS COMPLETE	\$44.50
URINALYSIS DIP ONLY	\$28.50



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These charges are for Clinton Memorial Hospital services only and DO NOT include physician's fees such as your emergency physician, surgeon, pathologist, anesthesiologist, hospitalist, or radiologist. Please contact their offices directly for charge information. Your actual charges may vary based on insurance coverage, pre-existing health conditions and the actual procedure performed. The charges provided are valid until December 31, 2010 and may be subject to change.

Clinton Memorial Hospital 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.

If you have questions about your bill, please call (937) 382-9593 or toll free at (800) 803-9648, to speak to a representative for assistance.

After your insurance company processes the bill, the balance (amount owed by you) is due upon receipt. The balance can be paid by cash, check or credit card. You can also pay online at: www.cmhregional.com

Payment is expected at the time of service for any balance that is not covered by your insurance carrier. This balance can include any applicable deductibles, co-pays or non-covered items as determined by your insurance. Please be prepared to pay the non-covered portion of your bill at the time of service.

Financial Assistance:

If you are uninsured and unable to pay your bill, a patient may apply for financial assistance by completing the free care application form attesting to family size and income. A free care application form will be offered to patients during the hospital stay or outpatient encounter. Patients will be encouraged to complete the form at the time of service or as soon as possible thereafter. CMH abides by the state rules and regulations. A non-sponsored or uninsured patient must apply for Medicaid first before applying for financial assistance or HCAP.

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

The patient must provide proof of denial from Medicaid before being approved for any other assistance program. For more information or to speak to a patient financial counselor, please call (937) 283-9636 or (937) 382-9289.

Medicare:

CMH is a participating provider of Medicare. Present your Medicare card, as well as your supplemental insurance cards upon time of registration. You will be responsible for any Medicare deductible, co-payments and services not covered by Medicare and your supplemental insurance.

Commercial Insurance:

If you are insured by a commercial carrier, you will need to bring your insurance card with you to Patient Admissions. Most commercial insurance carriers require pre-certification, pre-authorization and/or a second surgical consult. Please be certain that you have complied with all of your insurance company's requirements before receiving treatment or being admitted.

Medicaid:

If you are a recipient of state assistance or Medicaid, you will need to bring your current identification card to Patient admissions or Emergency Services every time.

Worker's Compensation:

Worker's Compensation cases are covered when approved by the employer or the employer's insurance carrier.

Patient Financial Services Contact Information:

Anthem (937) 382-9584

Commercial Insurance (937) 283-9791

Medicaid (937) 382-9588

Medicare

Medicare A-H (937) 382-9591

Medicare I-Z (937) 382-9586

Worker's Compensation (937) 382-9583

Financial Counselor, Hospital (937) 382-9289

Financial Counselor, HCAP (937) 382-9636

Collections (937) 283-9790

Credit Card Payment (937) 382-9594

You can also pay online at: www.cmhregional.com



The Consumer's Guide to
Quality Health Care
in Ohio

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.