

Patient Price Information List

January 1, 2025

In compliance with state law, Western Reserve Hospital is providing this price list containing our charges for Room and Board, Emergency Department, Operating Room, Physical Therapy, Pain Medicine and other procedures. This publication is available upon request when visiting the hospital. The hospital charges are the same for all patients, but a patient's responsibilities may vary, depending on payment plans negotiated with individual health insurers. Please contact our Patient Financial Coordinator at (330) 971-7597 for a customized estimate of patient responsibility based upon your insurance or to obtain an upfront cash discounted price. Regular business hours are Monday - Friday, 8 a.m. - 4:30 p.m.

Western Reserve Hospital offers financial assistance through the Ohio Hospital Care Assurance Program, WRH's Charity and Uninsured Patient Charity Programs. For information, contact Patient Account Services at (330) 255-3101. The prices presented below are correct as of January 1, 2025.

Room & Board - Per Day Charges

| | |
|-----------------------------------|---------|
| Medical / Surgical - Private | \$4,128 |
| Medical / Surgical - Semi Private | \$3,990 |
| Telemetry Charge | \$7,912 |
| Intensive Care | \$9,769 |

Observation - Hourly Charges

| | |
|----------------------|-------|
| Low Complexity 1 Day | \$172 |
| Low Complexity 2 Day | \$172 |

Emergency Department Charges

Emergency Department Charges are based on the level of emergency care provided to 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 supplies, drugs or other ancillary procedures that may be required for a particular emergency treatment. Services provided by Emergency physicians will be billed by the physicians.

Emergency Department

| | | | |
|---------|---------|---------|---------|
| Level 1 | \$1,230 | Level 4 | \$3,195 |
| Level 2 | \$1,598 | Level 5 | \$4,670 |
| Level 3 | \$1,967 | | |

Operating Room Charges

Operating Room charges are based on the complexity level, with minor 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 included, and will be billed separately by those physicians.

Operating Room Charges

| Complexity Level | First Hour Charge | Additional Min. |
|------------------|-------------------|-----------------|
| Minor | \$5,387 | \$61 |
| Minor - Complex | \$12,973 | \$64 |
| Major | \$14,423 | \$67 |
| Major - Complex | \$16,836 | \$73 |

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The following charges reflect the most common services offered by these departments of Western Reserve Hospital. Patients may have additional charges, depending on the service(s) performed.

Physical Therapy

| | | | |
|------------------------------------|-------|--|-------|
| Therapeutic Activity, each 15 min | \$364 | Gait Training Therapy, each 15 min | \$295 |
| Therapeutic Procedure, each 15 min | \$295 | Manual Therapy, each 15 min | \$364 |
| Neuromuscular Therapy, each 15 min | \$364 | Phys. Therapy Evaluation - Low Complexity | \$677 |
| Aquatic Therapy, each 15 min | \$364 | Phys. Therapy Evaluation - Mod Complexity | \$690 |
| Electrical Stimulation | \$329 | Phys. Therapy Evaluation - High Complexity | \$703 |

Occupational Therapy

| | | | |
|-------------------------------------|-------|--|-------|
| Therapeutic Activities, each 15 min | \$364 | Occ. Therapy Evaluation - Low Complexity | \$677 |
| Self Care Management Training | \$294 | Ultrasound, each 15 min | \$152 |
| Manual Therapy, each 15 min | \$364 | Wheelchair mobility, each 15 min | \$295 |
| Fluidotherapy | \$278 | Orthotic / Splint Fitting | \$248 |
| Therapeutic Procedure, each 15 min | \$295 | Orthotic / Splint Management | \$295 |

Respiratory Therapy

| | |
|--|---------|
| Demo / Eval of Aerosol Device Usage | \$512 |
| Six Minute Walk Test | \$620 |
| Aerosol Treatment (Inhalation Therapy) | \$687 |
| Arterial Blood Gas (ABG) Analysis | \$726 |
| Pulmonary Function Test via Plethysmography | \$896 |
| Spirometry | \$914 |
| Arterial Blood Draw for Diagnosis | \$1,473 |
| Complete Pulmonary Function Test (Spirometry, Lung Volumes, Diffusion Capacity Evaluation) | \$3,515 |
| Complete Pulmonary Function w/Bronchodilator Test (Bronchospasm, Lung Volumes, Diffused Capacity) | \$4,155 |
| Bronchoprovocation Study w/Lung Volumes & DLCO (Bronchoprovocation, Lung Volumes, Diffused Capacity) | \$7,429 |

Sleep Laboratory

| | |
|--|----------|
| Unattended Home Sleep Study & Respiratory Effort | \$1,973 |
| Polysomnography, 4 or more Parameters, >6 yrs. old | \$12,234 |
| Polysomnography with CPAP/BIPAP, 4 or more Parameters, >6 yrs. old | \$13,224 |

Urology

| | |
|--|-------|
| Established Patient, Office Visit, Level 1 | \$267 |
| Established Patient, Office Visit, Level 2 | \$314 |
| Automated Urinalysis w/o Scope | \$267 |
| US Urine Capacity Measure | \$314 |

Wound Care

| | |
|---|---------|
| Established Patient, Office Visit, Level 1 | \$267 |
| Established Patient, Office Visit, Level 2 | \$314 |
| Application of Apligraf Skin Substitute per SQ CM | \$143 |
| Debriding up to 20 SQ CM of Subcutaneous Tissue | \$1,311 |

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The following charges reflect the hospital's most common pain medicine services.

| Pain Medicine | |
|--|----------|
| New Patient, Office Visit, Level 2 | \$420 |
| New Patient, Office Visit, Level 3 | \$565 |
| New Patient, Office Visit, Level 4 | \$662 |
| Established Patient, Office Visit, Level 1 | \$280 |
| Established Patient, Office Visit, Level 2 | \$380 |
| Established Patient, Office Visit, Level 3 | \$514 |
| Established Patient, Office Visit, Level 4 | \$602 |
| Established Patient, Office Visit, Level 5 | \$703 |
| Injection, Single or Multiple Trigger Points, 1-2 Muscles | \$1,328 |
| Injection, Single or Multiple Trigger Points, 3 or More Muscles | \$1,371 |
| Chemodenervation for Musculoskeletal Migraine | \$1,686 |
| Aspiration or Injection, Major Joint or Bursa | \$2,016 |
| Injection, Major Joint with Ultrasound | \$2,228 |
| Injection, Paravertebral Facet Joint, Cervical or Thoracic, with Imaging | \$4,812 |
| Injection, Sacroiliac Joint, Anesthetic / Steroid, with Arthrography | \$5,723 |
| Injection, Foramen Epidural, Lumbar or Sacral, Single | \$5,723 |
| Injection, Lumbar or Sacral, Joint w/ Imaging Guidance, Bilateral, Level 2 | \$6,446 |
| Injection, Lumbar or Sacral, Joint w/ Imaging Guidance, Bilateral | \$7,427 |
| Injection, Epidural or Subcutaneous, Lumbar or Sacral with Imaging | \$8,380 |
| Other Peripheral Nerve Block | \$8,380 |
| Destroy Nerves Supplying the Lumbar and Sacral Facet Joints, Bilateral | \$10,190 |

Imaging Services

The following charges reflect the hospital's most common imaging services.

| X - Ray and Radiological Services | | | |
|--|----------|-------------------------------------|---------|
| CT Abdomen and Pelvis with Contrast | \$13,000 | XR Abdomen Single AP View | \$707 |
| CT Abdomen and Pelvis w/o Contrast | \$10,703 | XR Ankle 3 or more Views | \$1,331 |
| CT Brain w/o Contrast | \$5,347 | XR Chest PA and Lateral | \$878 |
| CT Cervical Spine w/o contrast | \$5,347 | XR Chest Single View | \$742 |
| CT Chest w/o Contrast | \$5,347 | XR Foot Complete 3 or More Views | \$1,490 |
| CT Chest with Contrast | \$6,091 | XR Hand 3 or More Views | \$993 |
| CT Maxillofacial w/o Enhance | \$5,041 | XR Hip Complete 2-3 Views | \$947 |
| CTA Chest with & w/o Contrast | \$8,937 | XR Knee Complete 4 or More Views | \$1,708 |
| MRA Head w/o Contrast | \$7,626 | XR Lumbar Spine 2 or 3 Views | \$1,444 |
| MRI Brain w/o Contrast | \$9,096 | XR Lumbar Spine 4 or More Views | \$1,708 |
| MRI Brain with and w/o Contrast | \$13,175 | XR Shoulder 2 or More Views | \$915 |
| MRI Spinal Canal Cervical w/o Contrast | \$7,626 | XR Spine - Cervical 4 or More Views | \$1,490 |
| MRI Spine Lumbar w/o Contrast | \$7,626 | XR Wrist Complete 3 or More Views | \$999 |
| Ultrasound Transvaginal | \$1,924 | 3D Tomography Screening Mammography | \$448 |
| Ultrasound Abdomen Complete | \$2,512 | Ultrasound Breast | \$1,329 |
| Ultrasound Abdomen Limited | \$1,782 | Bone Density | \$953 |
| Ultrasound Retroperitoneal Complete | \$1,924 | | |

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Laboratory Services

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

| Laboratory Services | | | |
|---------------------------------------|-------|---|-------|
| Antibody Screen | \$462 | Lactic Acid | \$393 |
| Auto Erythrocyte Sed Rate | \$133 | Lipid Profile | \$435 |
| Bacterial Urine Culture, Quant. Count | \$410 | Magnesium | \$207 |
| Basic Metabolic Panel | \$431 | Partial Thromboplastin Time | \$244 |
| Blood Draw Fee | \$61 | Phosphorus - Inorganic | \$165 |
| CBC w/o Differential | \$212 | Pregnancy Test - Urine HCG | \$424 |
| CBC with Differential | \$253 | Procalcitonin | \$305 |
| Comprehensive Metabolic Panel | \$504 | Prostate Specific Antigen - PSA Screening | \$359 |
| Culture Strep | \$342 | Prothrombin Time | \$169 |
| Ferritin | \$427 | Rapid Strep | \$271 |
| Hemoglobin A1C | \$356 | SARS-COV-2 COVID-19 | \$218 |
| Hematocrit | \$118 | Thyroid Stimulating Hormone | \$402 |
| Hemoglobin | \$116 | Troponin I (Serum) - Protein Test | \$511 |
| Influenza | \$233 | Urinalysis with Microscopy | \$214 |
| Hepatic Function Panel | \$356 | Vitamin B-12 Level | \$572 |

Hospital Billing Policies

Your insurance providers, including Medicare, Medicaid, other primary insurance providers and secondary insurance providers, are billed by Western Reserve Hospital before a bill is sent to you. Interest is not charged on any balance due after insurance repayments are received. We will send you a 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, please contact Patient Account Services at 330-255-3101 to discuss applying for financial assistance or to arrange for a payment plan. Emergency Services will never be delayed or withheld on the basis of a patient's ability to pay.