

# SOMC Patient Price Information List

In compliance with state law, Southern Ohio Medical Center 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 **under insured** patients should consult with our patient accounting staff to determine whether they qualify for discounts by calling (740) 356-7635, (740) 356-7637 or (740) 356-7638. These prices are effective as of 07/01/2009.

For additional price quote assistance  
please call **1-740-356-8182**.



# Room and Board

## Per Day Charges

Patients may be financially responsible for a portion of room charges not covered by their insurance.

Description	Charges
Intensive Care Unit	\$1,733.00
Progressive Care Unit	\$1,671.00
Maternity	\$1,861.00
Inpatient Rehab Unit	\$755.00
Orthopedic & Family Care Unit	\$755.00
Newborn	\$1,861.00
Heart Care Unit	\$1,671.00
General Medical Surgical	\$755.00

# Labor and Delivery Charges

Fees for physician services or anesthesia administration are not reflected, and will be billed separately by your physician. The charges listed are an **average** of all patients who have had the procedure during the most current fiscal year. Deliveries with complications will cause charges to be higher.

Description	Charges
Normal Delivery	\$6,418 AVERAGE
Caesarean Section Delivery	\$13,877 AVERAGE
Amniocentesis	\$2,534 AVERAGE
Normal Newborn Care	\$3,367 AVERAGE



## 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.

These charges reflect the level of care only and there will be separate charges for the procedure performed, anesthesia, drugs, or supplies required. They also do not include fees for Emergency Department physicians, who will bill separately for their services.

Description	Charges
Low Level 1	\$131.00
Low Level 2	\$183.00
Medium Level 3	\$266.00
High Level 4	\$391.00
High Level 5	\$456.00
Critical Care	\$565.00

## Operating Room Charges

Operating Room charges are based on the complexity level for a particular operation, with level 1 being the most basic. There is an initial set-up charge as well as an additional charge for each 15 minutes while the operation is being performed.

These charges reflect the room only and there will be separate charges for the procedure performed, anesthesia, drugs, or supplies required. There will also be a separate bill from the Surgeon and Anesthesiologist.

Description	Set-Up Charge	Per 15-Minutes
Level 1	\$610.00	\$310.00
Level 2	\$610.00	\$760.00
Level 3	\$610.00	\$1,070.00
Level 4	\$610.00	\$1,280.00
Level 5	\$610.00	\$2,840.00



# Laboratory Charges

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

Description	Charges
Blood Draw (Venipuncture)	\$14.75
CBC with Diff	\$67.00
Basic Metabolic Panel	\$101.00
Prothrombin-INR	\$27.00
Comprehensive Metabolic Panel	\$135.00
TSH	\$108.00
Lipid Panel	\$111.00
Urinalysis with Micro Exam	\$46.00
Urine Culture Quant. Count	\$75.00
Urinalysis without Micro Exam	\$46.00
B-type Natriuretic Peptide	\$155.00
ALT - SGPT	\$51.00
Total CPK	\$54.00
PTT-Activate Plasma Or Whole Bld	\$55.00
Magnesium - Blood	\$53.00
Hepatic Function Panel	\$102.00
Blood Culture with ID Of Isolates	\$110.00
Free T4	\$77.00
Hemoglobin A1C - Glycated	\$57.00
Phosphorus	\$38.00
CKMB	\$96.00
Creatinine - Blood	\$38.00



## Laboratory Charges Continued

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

Description	Charges
Troponin - Quantitative	\$70.00
Amylase Serum	\$72.00
Lipase	\$70.00
Bun-Urea Nitrogen; Quant.	\$34.00
EKG	\$143.00
Arterial Blood Gases	\$130.00
Sedimentation Rate	\$45.00
Iron - Blood	\$46.00

## Pulmonary Therapy Charges

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

Description	Charges
Spirometry Pre/Post	\$298.00
Carbon Dioxide Diffusion	\$132.00
Thoracic Gas Volumes	\$132.00
Airway Closing Volume	\$119.00
Plethysmographic Airflow Resist	\$88.00
Pulmonary Function Body Box	\$979.00
Pulmonary Function	\$564.00
Nitrogen Washout	\$134.00
Smoke/Tobacco Cessation	\$13.00
Bronchial Provocation Test	\$268.00



## Occupational Therapy Charges

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

Description	Charges
Occupational Therapy Evaluation	\$195.00 » One time charge
Exercise - Therapeutic	\$77.00 » Per 15 Minutes
Therapeutic Activities	\$69.00 » Per 15 Minutes
Manual Therapy	\$79.00 » Per 15 Minutes
Ultrasound	\$79.00 » Per 15 Minutes
Electro Stimulation Unattended	\$77.00

## Physical Therapy Charges

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

Description	Charges
Physical Therapy Evaluation	\$195.00 » One time charge
Exercise - Therapeutic	\$77.00 » Per 15 Minutes
Neuromuscular Re-ed	\$73.00 » Per 15 Minutes
Electro Stimulation Unattended	\$77.00
Aquatic Therapy	\$79.00 » Per 15 Minutes
Therapeutic Activities	\$69.00 » Per 15 Minutes
Ultrasound Therapy	\$79.00 » Per 15 Minutes
Manual Therapy	\$79.00 » Per 15 Minutes
Gait Train (Inc Stairs)	\$64.00 » Per 15 Minutes



# X-Ray and Radiological Charges

The following charges reflect the hospital's 30 most common x-ray and radiological procedures. If your procedure requires contrast there will be an additional charge. There will be a separate bill from the Radiologist for the interpretation of the study.

Description	Charges
Chest Portable - Frontal 1V	\$127.00
Chest Pa And Lateral: Routine	\$167.00
Lumbosacral Spine Min 4vws	\$247.00
Cervical Spine: Routine 5V	\$287.00
Hand Right 3V	\$207.00
Knee Right Complete-4 or more views	\$267.00
Flat & Upright Abdominal Complete AP & Erect	\$167.00
Gallbladder Ultrasound Limited	\$487.00
Pelvic Ultrasound – Non OB	\$464.00
Renal Ultrasound	\$464.00
Right Upper Quadrant Gallbladder, Liver, Pancreas	\$487.00
Transvaginal Ultrasound	\$464.00
Thyroid Ultrasound	\$423.00
Testicles Ultrasound	\$464.00
CT Head without Contrast	\$1,199.00
CT Abdomen with & without Contrast	\$1,413.00
CT Abdomen without Contrast	\$1,199.00
CT Pelvis with Contrast	\$1,306.00



# X-Ray and Radiological Charges Continued

The following charges reflect the hospital's 30 most common x-ray and radiological procedures. If your procedure requires contrast there will be an additional charge. There will be a separate bill from the Radiologist for the interpretation of the study.

Description	Charges
CT Pelvis without Contrast	\$1,199.00
CT Thorax Lung Nodule with Contrast	\$1,306.00
MRI Lumbar Spine without Contrast	\$1,728.00
MRI Brain without Contrast	\$1,728.00
MRI Cervical Spine without Contrast	\$1,728.00
MRI Brain with & without Contrast	\$2,138.00
MRI Right Knee without Contrast	\$1,728.00
MRI Left Knee without Contrast	\$1,728.00
MRI Right Shoulder without Contrast	\$1,728.00
Bone Scan Routine - Whole Body	\$1,086.00
Vent/Perf Aerosol Lung Scan	\$1,464.00
PET CT Skull to Thigh	\$4,010.00



# SOMC Billing Policies

## Patients with Medicare or Medicaid coverage

Payment is due within 30 days of the date of payment by Medicare or Medicaid. Balances due may include deductibles, coinsurance, and non covered charges.

## Patients with Commercial Insurance

*(e.g. Anthem Blue Cross/Blue Shield, United Healthcare, Medical Mutual of Ohio)*

Payment is due within 30 days of the date of payment by the insurer. Balances due may include deductibles, coinsurance, and non covered charges. If payment is not received from Commercial insurance within 45 days from the date the claim is billed, the account will be transferred to the patient as a self-pay account and will be subject to the self-pay collection policies as established by the Hospital.

## Self-Pay Patients

*(Patients with no insurance coverage or patients with balances due after insurance has made a payment.)*

Payment is due within 30 days of the date of service. Payment terms are available in lieu of payment in full. Financial assistance through the Health Care Assurance Program and Charity Care may be available for qualified applicants.

**The Patient Accounts Department** should be contacted for details on the payment terms and program guidelines by calling (740) 356-7635, (740) 356-7637 or (740) 356-7638.

A patient inquiry will receive a response within 24 to 48 hours. All patients who do not respond to letters, statements, phone calls, etc. within 90 days will be reviewed for appropriate action including referral to an outside collection agency.

