

In compliance with state law, Union 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 Patient Accounting staff to determine whether they qualify for discounts. These prices are correct as of January 1, 2009.

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

	1-1-09 Charges
Private	\$481.00
Semi private	\$468.00
Pediatric	\$468.00
Maternity	\$613.00
Nursery	\$747.25
Step down unit	\$661.25
Intensive care unit	\$837.50

**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.*

	1-1-09 Charges
Normal Delivery (per hour)	\$65.75
Cesarean Section Delivery	
One Hour or Part Thereof	\$1,803.00
Each Additional 15 minutes	\$172.00

## Emergency Department Charges

*Emergency Department charges are based on the level of emergency care provided to our patients. The levels, with Brief 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 whose charges will be billed separately by the Hospital.*

### 1-1-09 Charges

Brief	\$83.75
Limited	\$156.50
Intermediate	\$282.00
Extended	\$397.00
Comprehensive	\$575.00
Critical care	\$900.25

## Operating Room Charges

*Operating Room charges are based on the amount of time required for the OR service. Fees for physician services or anesthesia administration will be billed separately by your physician.*

### 1-1-09 Charges

Minor surgery	
One Hour or Part Thereof	\$1,569.50
Each Additional 15 minutes	\$108.00
Major surgery	
One Hour or Part Thereof	\$1,803.00
Each Additional 15 minutes	\$162.00

## 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.*

### 1-1-09 Charges

Aquatic therapy (15 minute unit)	\$61.50
Evaluation I	\$146.75
Manual therapy techniques (15 minute unit)	\$63.50
Manual therapy (15 minute unit)	\$59.00
Therapeutic exercises (15 minute unit)	\$58.25
Therapeutic Massage (15 minute unit)	\$44.00
Therapy exercises (15 minute unit)	\$58.25
Transfer/gait training I (15 minute unit)	\$46.25
Ultrasound	\$52.25
Whirlpool	\$62.00

## Cadiopulmonary 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.*

### 1-1-09 Charges

Aerosols Intermittent & Evaluation/Instructions	\$65.25
Aerosols-Intermittent	\$32.75
Pulse Oximtry	\$47.75
Inhalation therapy	\$32.75
Arterial puncture	\$48.50
RT/BIPAP-CPAP	\$153.75
EKG	\$60.00
IPPB Subsequent Treatment	\$32.75
RT evaluation	\$52.00
Oxygen Therapy/Day	\$69.00

## X-Ray and Radiological Charges

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

### 1-1-09 Charges

Abdomen 1 View	\$138.25
Abdomen Complete	\$598.25
Ankle	\$186.00
AP Lateral Hip	\$131.00
Chest 1 View	\$110.75
Chest 2 Views	\$137.00
CT Abdomen With Contrast	\$1,072.75
CT Abdomen Without Contrast	\$911.75
CT Chest With Contrast	\$954.00
CT Head Without Contrast	\$719.00
CT Pelvis With Contrast	\$1,040.75
CT Pelvis Without Contrast	\$879.25
Dexa Axial Skeleton	\$231.75
Fluro Spine Localization of Needle	\$353.50
Foot	\$186.00
Hand	\$173.00
Knee 2 Views	\$180.25
Mammo Screen Direct Digital IM	\$130.75
MRI Lumbar Spine Without Contrast	\$1,636.75
Multiple Spect Rest/Stress	\$1,310.00
Myocardial Perfusion Study Wall Motion	\$566.75
Myocardial Perfusion with Ejection Fraction	\$566.75
Myoview Provision of Diagnostic Radionuclide	\$110.25
Shoulder	\$170.50
Ultrasound Abdomen	\$598.25
Ultrasound Pelvic (Nonobstetic) Complete	\$381.75
Ultrasound Pregnancy Complete	\$434.00
Ultrasound Retroperitoneal	\$282.75
Wrist	\$194.75

## Lab Charges

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

	1-1-09 Charges
AB Screen	\$50.25
ALT (SGPT)	\$22.25
Amylase-Serum	\$46.25
APTT	\$41.75
Bacterial ID	\$49.25
Blood Culture	\$68.25
Blood Type - ABO	\$28.25
Blood Type - RH	\$31.00
BMP	\$65.25
B-Type Natriuratic Pptide	\$92.00
CBC with Auto Diff	\$38.00
CK-MB	\$57.00
CMP	\$103.50
CPK	\$23.75
HCT	\$11.50
Hepatic Panel	\$68.25
HGB	\$11.50
HGB A1C	\$61.75
Lipid Studies	\$54.25
Mic Study 87186	\$65.25
Phlebotomy	\$14.25
Protime	\$20.75
Thin Prep Screen	\$69.50
Throat Culture	\$49.50
TIS EX Level IV	\$93.50
Troponin I	\$89.00
TSH	\$101.75
Urinalysis W/Reflex	\$33.00
Urinalysis with Microscopy	\$46.50
Urine Culture	\$35.75

## Hospital Billing Policies

*As a community not-for profit hospital, Union Hospital operates with the funds received for the services it provides to patients. All patients, and those responsible for their finances, are expected to make a good faith effort to pay their hospital charges in a timely manner acceptable to them and to the hospital. Services are provided regardless of the patient's ability to pay.*

*Many insurance and payment plans are accepted by Union Hospital. All insurance cards, including Medicare supplemental insurance should be presented during the registration process. You will be asked to sign forms to allow the Hospital to bill your insurance directly.*

*Your first correspondence from Patient Accounts will be an information letter regarding your account. You will find a description of the service and charges on this letter. If you would like to discuss anything about the information you receive, please call Patient Accounts at (330) 364-0842 or (330) 364-0847. Approximately every thirty days, you will receive a statement notifying you of the status of your account. Again, if you have any questions regarding your account, please call the numbers listed above.*

*Union Hospital offers financial assistance with those patient's with no insurance. Programs include:*

- \* Medicaid eligibility determination*
- \* Hospital Care Assurance program eligibility assistance*
- \* Sliding Fee for uninsured patients who do not qualify for state Medicaid*
- \* Prompt pay discount for uninsured patients*
- \* Payment arrangements*

*Some of the above programs are offered in conjunction with third party services or area community resources. Please contact Patient Accounts at (330) 364-0842 or (330) 364-0847 to inquire about the assistance options that Union Hospital offers.*



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.ohonet.org/portal) at [www.ohonet.org/portal](http://www.ohonet.org/portal).*