



Patient Price Information List

Room & Board

Room and Board Routine Care charges are based on nurse to patient ratio of approximately one nurse to four or five patients. Other levels have different ratios.

Routine Care	\$4,275.00	
Routine Special Care Level I	\$7,294.00	
Routine Special Care Level II	\$5,745.00	
Routine Special Care Level III	\$4,910.00	
Pediatric Intensive Care	\$11,222.00	
Psychiatric Care	\$4,323.00	
Neonatal Sub Intensive Care	\$6,194.00	
Neonatal Intensive Care	\$6,519.00	
Burn Intensive Care	\$10,007.00	

Emergency Department Charges

Emergency Department charges are based on the level of emergency care provided to our patients. The levels – with level I 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.

Description	Hospital Charge	Professional Fee (i.e., ER doctor fee)
Level I	\$ 536.00	\$ 86.00
Level II	\$747.00	116.00
Level III	\$1,321.00	174.00
Level IV	\$2,039.00	260.00
Level V	\$3,748.00	388.00

Surgical Services and Operating Room Charges

Charges for surgical services are based on levels which include setup time, resources used, major equipment usage, and minor supplies such as gauze, tape, ear tubes, sponges etc. In addition, there is a charge for the operating room in 15 minute increments. Additional charges may be applied for pre-operative assessments. Post-operative recovery time may consist of more than one phase and is charged for the first 30 minutes and each additional 15 minutes.

Operating Room charges do not include professional fees for the surgeons or anesthesiologists. Questions concerning charges and billing for anesthesia can be addressed to Compudata Inc., 1-800-321-8145 or by mail; Compudata Inc, P.O. Box 232, Ravenna Ohio 44266.

Description	Incremental Charge
Surgery Level I – each 15 minutes	\$781.00
Surgery Level II -- each 15 minutes	\$872.00
Surgery Level III -- each 15 minutes	\$2125.00
Surgery Level IV -- each 15 minutes	\$3604.00
Surgery Level V -- each 15 minutes	\$7133.00
Recovery Room – first 30 minutes	\$631.00
Recovery Room – additional 15 minutes	\$173.00
Surgery Nursing – each 15 minutes	\$823.00

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. For additional questions regarding charges please contact 330-543-8257.

Description	Hospital Charge
General Evaluations(limited to extended)	\$343.00 - \$860.00
Therapeutic Exercise (per 15 minutes)	\$167.00

Sports Rehab Therapy Charges

The following charges reflect the most common services offered by our Sports Rehab Department. Patients may have additional charges, depending on the services performed. For additional questions regarding charges please contact 330-543-2110.

Description	Hospital Charge
General Evaluations(limited to extended)	\$343.00 - \$860.00
Therapeutic Exercise (per 15 minutes)	\$130.00

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.

Description	Hospital Charge
General Evaluations (limited to extended)	\$343.00 - \$956.00

Speech Therapy Charges

Description	Hospital Charge
Speech/Language Evaluations(limited to extended)	\$357.00 - \$2,140.00
Speech/Language Therapy(15-60 minutes)	\$135.00 - \$ 804.00

Audiology Charges

Description	Hospital Charge
Hearing Evaluations (limited to extended)	\$90.00 - \$2,000.00

X-Ray and Radiology Charges

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

Description	Hospital Charge
Abdomen (1 view)	\$338.00
Abdomen (2 or more views)	\$417.00
Ankle (3 or more views)	\$371.00
Bone Age Study – 2 & over	\$463.00
Cervical Spine (2-3 view)	\$578.00
Chest (1 view)	\$342.00
Chest (2 views)	\$436.00
CT-Abdomen W CM	\$3,372.00
CT-Head WO CM	\$2,316.00
CT-Pelvis W CM	\$3,340.00
CT-Sinuses Limited Study	\$729.00
Elbow (2 views)	\$338.00
Femur	\$412.00
FL-Swallowing Function	\$1,403.00

FL-Upper GI	\$1,138.00
Foot (3 or more views)	\$356.00
Forearm (2 views)	\$371.00
Hand (3 or more views)	\$376.00
Knee (3 views)	\$376.00
MR-Brain WO CM	\$5,238.00
NM-Bone Scan Full Body	\$2,159.00
OR-C-ARM <1 hour	\$851.00
Pelvis (1 or 2 views)	\$326.00
Shoulder (2 or more views)	\$385.00
Sinuses (3 or more views)	\$556.00
Soft Tissue Neck/Nasaphar	\$405.00
Thoracic Spine (2 views)	\$556.00
Tib-Fib	\$389.00
US-Abdominal Survey Limited	\$1,144.00
US-Hips, with manipulation	\$1,244.00
US-Pelvis	\$1,222.00
US-Renals	\$1,563.00
Wrist (3 or more views)	\$353.00

Key

- CT – CT Scan
- FL – Fluoroscopy
- MR – Magnetic Resonance Imaging NM – Nuclear Medicine
- US – Ultrasound
- W CM – with contrast materials
- WO CM – without contrast materials

Laboratory Charges

The following charges reflect the hospital's 30 most common laboratory procedures. Charges do not include fees of pathologists. They may be obtained from Akron Children's Hospital's Pathology Office at 330-543-8725.

Description	Hospital Charge
Activated PTT (Thromboplastin time, partial plasma, whole blood)	\$56.00
Antibody Screening	\$179.00

Basic Metabolic Panel	\$54.00
Bilirubin, Direct	\$78.00
C Trachomatis AMP Probe (Chlamydia trachomatis, amplified probe technique)	\$248.00
CBC with Auto Differential	\$41.25
Chromosome Analysis	\$716.00
Comprehensive Metabolic Panel	\$63.00
Crossmatch RBC 1U	\$308.00
Culture, Blood	\$269.00
Culture, Strep	\$48.00
Culture, Urine	\$149.00
Direct Antiglobulin	\$139.00
EBV (VCA) IGM Antibody	\$219.00
Fluorescent AB Stain	\$59.00
Glucose-WB	\$72.00
Glucose by Glucometer	\$52.00
Hemogram and Platelet Count	\$37.25
Hepatic Panel	\$46.25
Influenza A Antigen Detection	\$126.00
Influenza B AG Detection	\$126.00
Lead	\$176.00
Leukocyte Depleted Red Cells	\$1,350.00
Mic Method	\$274.00
Prothrombin Time	\$28.50
Renal (Kidney) Function Panel	\$57.00
Respiratory Virus Isolation	\$232.00
Reticulocyte Count	\$91.00
Routine Typing, ABO	\$82.00
Routing Typing, RH(D)	\$82.00
RSV Antigen Detection	\$201.00
Thyroid Stimulating Hormone (TSH)	\$85.00
Tonsils/Adenoids, Gross	\$60.00

Urinalysis, Routine	\$35.25
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Respiratory Care Charges

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

Description	Hospital Charge
Aerosol by Respiratory	\$303.00
Airway Management Bag Setup	\$128.00
Anesthesia Induction and Intubation	\$685.00
Circuit, Servo (supply)	\$209.00
Closed SX Sys (supply)	\$78.00
End-Tital CO2 Monitoring	\$332.00
Incentive Spirometer (supply)	\$27.75
IPV/IPPB Treatment, subsequent	\$266.00
Mask/Nasal Cannula	\$35.75
Nitric Oxide, each additional hour	\$698.00
Oxygen	\$308.00
Postural Drainage Subsequent	\$215.00
Resuscitator, Infant/Pediatrics	\$169.00
Standard Nebulization	\$153.00
Vapotherm Therapy, per day	\$553.00
Vest Treatment, Subsequent	\$242.00