



## 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.

| Description                 | Hospital Charge |
|-----------------------------|-----------------|
| Routine Care                | \$5,873.00      |
| Pediatric Intensive Care    | \$14,769.00     |
| Psychiatric Care            | \$5,254.00      |
| Neonatal Intensive Care I   | \$7,588.00      |
| Neonatal Intensive Care II  | \$7,634.00      |
| Neonatal Intensive Care III | \$8,251.00      |
| Neonatal Intensive Care IV  | \$9,592.00      |
| Burn Intensive Care         | \$13,090.00     |

### 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 and the intensity of care 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 (Doctor) Fee |
|-------------|-----------------|---------------------------|
| Level I     | \$654.00        | \$ 86.00                  |
| Level II    | \$911.00        | 116.00                    |
| Level III   | \$1,608.00      | 174.00                    |
| Level IV    | \$2,481.00      | 260.00                    |
| Level V     | \$4,557.00      | 388.00                    |

### Evaluation and Management Charges

| Description                                 | Charge   |
|---|----------|
| Psychotherapy, 30 minutes                   | \$216.00 |
| Psychotherapy, 45 minutes                   | \$438.00 |
| Psychotherapy, 60 minutes                   | \$655.00 |
| Family psychotherapy, not including patient | \$554.00 |
| Family psychotherapy, including patient     | \$560.00 |
| Group psychotherapy                         | \$136.00 |
| New patient office visit, level III         | \$252.00 |
| New patient office visit, level IV          | \$357.00 |

|   |          |
|---|----------|
| New patient office visit, level V             | \$532.00 |
| Patient office consultation, typically 30 min | \$274.00 |
| Patient office consultation, typically 40 min | \$420.00 |
| Patient office consultation, typically 55 min | \$601.00 |
| New patient preventive visit, ages <1         | \$243.00 |
| New patient preventive visit, ages 1-4        | \$231.00 |
| New patient preventive visit, ages 5-11       | \$236.00 |
| New patient preventive visit, ages 12-17      | \$280.00 |
| New patient preventive visit, ages 18-39      | \$370.00 |

### 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.

| Description   | Incremental Charge        |
|---|---------------------------|
| Surgery Level I   | \$953.00                  |
| Surgery Level II  | \$1,062.00                |
| Surgery Level III   | \$2,586.00                |
| Surgery Level IV  | \$4,383.00                |
| Surgery Level V   | \$8,672.00                |
| Recovery Room – first 30 minutes  | \$769.00                  |
| Recovery Room – additional 15 minutes   | \$213.00                  |
| Surgery Nursing – each 15 minutes   | \$153.00                  |
| Description   | Professional (Doctor) Fee |
| Removal of tonsils and adenoid glands patient younger than age 12   | \$927.00                  |
| Diagnostic examination of esophagus, stomach, and/or upper small bowel using an endoscope                 | \$891.00                  |
| Biopsy of the esophagus, stomach, and/or upper small bowel using an endoscope                             | \$729.00                  |
| Injection of substance into spinal canal of lower back or sacrum using imaging guidance                   | \$820.00                  |
| Injections of anesthetic and/or steroid drug into lower or sacral spine nerve root using imaging guidance | \$736.00                  |
| Electrocardiogram, routine, with interpretation and report  | \$389.00                  |

|                       |            |
|-----------------------|------------|
| Sleep study, ages > 6 | \$9,374.00 |
| Sleep study, ages < 6 | \$9,483.00 |

### 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) | \$419.00-\$874.00 |
| Therapeutic Exercise (per 15 minutes)     | \$205.00          |

### 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) | \$419.00-\$874.00 |
| Therapeutic Exercise (per 15 minutes)     | \$160.00          |

### 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) | \$419.00-\$1,164.00 |

### Speech Therapy Charges

| Description                                       | Hospital Charge     |
|---|---------------------|
| Speech/Language Evaluations (limited to extended) | \$435.00-\$2,602.00 |
| Speech/Language Therapy (15-60 minutes)           | \$329.00-\$655.00   |

### Audiology Charges

| Description             | Hospital Charge |
|-------------------------|-----------------|
| Audiology Evaluation(s) | \$848.00        |

### X-Ray and Radiology Charges

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

| <b>Description</b>           | <b>Hospital Charge</b> |
|------------------------------|------------------------|
| Abdomen (1 view)             | \$412.00               |
| Abdomen (2 or more views)    | \$508.00               |
| Ankle (3 or more views)      | \$453.00               |
| Bone Age Study – 2 & over    | \$565.00               |
| Cervical Spine (2-3 view)    | \$704.00               |
| Chest (1 view)               | \$417.00               |
| Chest (2 views)              | \$532.00               |
| CT-Abdomen W CM              | \$4,101.00             |
| CT-Head WO CM                | \$2,817.00             |
| CT-Pelvis W CM               | \$4,062.00             |
| CT-Sinuses Limited Study     | \$3,005.00             |
| Elbow (2 views)              | \$412.00               |
| Femur                        | \$502.00               |
| FL-Swallowing Function       | \$1,708.00             |
| FL-Upper GI                  | \$1,053.00             |
| Foot (3 or more views)       | \$453.00               |
| Forearm (2 views)            | \$453.00               |
| Hand (3 or more views)       | \$458.00               |
| Knee (3 views)               | \$458.00               |
| MRI-Brain WO CM              | \$6,368.00             |
| NM-Bone Scan Full Body       | \$2,627.00             |
| Pelvis (1 or 2 views)        | \$513.00               |
| Shoulder (2 or more views)   | \$471.00               |
| Sinuses (3 or more views)    | \$678.00               |
| Soft Tissue Neck/Nasopharynx | \$495.00               |
| Thoracic Spine (2 views)     | \$678.00               |
| Tib-Fib                      | \$475.00               |
| US-Abdominal Survey Limited  | \$1,181.00             |
| US-Hips, with manipulation   | \$1,578.00             |
| US-Pelvis                    | \$1,136.00             |

|  |            |
|--|------------|
| US-Renals  | \$1,336.00 |
| Wrist (3 or more views)  | \$431.00   |
| X-Ray, lower back, minimum four views  | \$939.00   |
| MRI scan of lower spinal canal W/WO CM   | \$8,534.00 |
| CT of Abdomen/Pelvis with contrast   | \$8,887.00 |
| Abdominal US of pregnant uterus, $\geq$ 14 weeks 0 days, single or first fetus | \$1,248.00 |

### 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                 | \$70.00         |
| Antibody Screening            | \$219.00        |
| Basic Metabolic Panel         | \$67.00         |
| Bilirubin, Direct             | \$97.00         |
| C Trachomatis AMP Probe       | \$304.00        |
| CBC with Auto Differential    | \$51.00         |
| Chromosome Analysis           | \$872.00        |
| Comprehensive Metabolic Panel | \$79.00         |
| Crossmatch RBC 1U             | \$377.00        |
| Culture, Blood                | \$329.00        |
| Culture, Strep                | \$60.00         |
| Culture, Urine                | \$183.00        |
| Direct Antiglobulin           | \$171.00        |
| EBV (VCA) IGM Antibody        | \$128.00        |
| Fluorescent AB Stain          | \$74.00         |
| Glucose-WB                    | \$89.00         |
| Glucose by Glucometer         | \$47.75         |

|                                   |            |
|-----------------------------------|------------|
| Hemogram and Platelet Count       | \$45.75    |
| Hepatic Panel                     | \$58.00    |
| Influenza AB                      | \$214.00   |
| Lead                              | \$216.00   |
| Leukocyte Depleted Red Cells      | \$1,485.00 |
| Mic Method                        | \$335.00   |
| Prothrombin Time                  | \$35.00    |
| Renal (Kidney) Function Panel     | \$71.00    |
| Respiratory Virus Isolation       | \$284.00   |
| Reticulocyte Count                | \$111.00   |
| Routine Typing, ABO               | \$102.00   |
| Routing Typing, RH(D)             | \$102.00   |
| RSV Antigen Detection             | \$247.00   |
| Thyroid Stimulating Hormone (TSH) | \$105.00   |
| Tonsils/Adenoids, Gross           | \$75.00    |
| Urinalysis, Routine               | \$33.75    |

### 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              | \$54.00         |
| Anesthesia Induction and Intubation | \$834.00        |
| Closed SX Sys (supply)              | \$78.00         |
| Incentive Spirometer (supply)       | \$27.75         |
| IPV/IPPB Treatment, subsequent      | \$54.00         |
| Mask/Nasal Cannula                  | \$35.75         |
| Nitric Oxide, each additional hour  | \$850.00        |
| Oxygen                              | \$308.00        |
| Resuscitator, Infant/Pediatrics     | \$207.00        |
| Standard Nebulization               | \$196.00        |
| Vapotherm Therapy, initial day      | \$702.00        |