



Patient Price Information List

In compliance with state law, Akron Children's Hospital is providing this price list, which includes charges for Room and Board, Emergency Department, Operating room, 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 insurance companies. Uninsured or underinsured patients should consult with our admitting and billing staff to determine whether they qualify for discounts. You may contact the staff at 330-543-8500, or 1-800-933-7440.

These prices are correct as of **Jan. 01, 2020**

Room and Board – Per Day Charges

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	\$ 3,944.00
Routine Special Care Level I	6,729.00
Routine Special Care Level II	5,300.00
Routine Special Care Level III	4,530.00
Pediatric Intensive Care	9,958.00
Psychiatric Care	3,988.00
Neonatal Sub Intensive Care	5,714.00
Neonatal Intensive Care	6,015.00
Burn Intensive Care	9,233.00

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	\$ 493.00	\$ 86.00
Level II	688.00	116.00
Level III	1,217.00	174.00
Level IV	1,880.00	260.00
Level V	3,457.00	388.00

Surgical Services

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.

Description	Incremental Charge
Surgery Level I	\$720.00
Surgery Level II	803.00
Surgery Level III	1,960.00
Surgery Level IV	3,324.00
Surgery Level V	6,580.00
Recovery Room – first 30 minutes	582.00
Recovery Room – additional 15 minutes	159.00
Surgery Nursing – each 15 minutes	114.00

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)	\$316.00 - \$661.00
Therapeutic Exercise(per 15 minutes)	\$153.00

Occupational Therapy

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 thru extended)	\$ 316.00 - \$ 881.00

Speech Therapy

General Evaluations(limited thru extended)	\$328.00 - \$1,973.00
Therapy(15 – 60mins)	\$122.00 - \$741.00

Audiology

Hearing Evaluations(limited thru extended)	\$82.00 - \$ 1,870.00
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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)	\$ 311.00
Abdomen (2 or more views)	384.00
Ankle (3 or more views)	341.00
Bone Age Study – 2 & over	426.00
Cervical Spine (2-3 view)	365.00
Chest (1 view)	315.00

X-Ray and Radiology Charges – cont'd

Chest (2 views)	\$ 401.00
CT-Abdomen W CM	3,110.00
CT-Head WO CM	2,136.00
CT-Pelvis W CM	3,081.00
CT-Sinuses Limited Study	672.00
Elbow (2 views)	311.00
Femur	330.00
FL-Swallowing Function	1,293.00
FL-Upper GI	1,084.00
Foot (3 or more views)	341.00
Forearm (2 views)	341.00
Hand (3 or more views)	346.00
Knee (3 views)	346.00
MR-Brain WO CM	4,832.00
NM-Bone Scan Full Body	1,991.00
OR-C-ARM <1 hour	784.00
Pelvis (1 or 2 views)	313.00
Shoulder (2 or more views)	354.00
Sinuses (3 or more views)	512.00
Soft Tissue Neck/Nasaphar	373.00
Thoracic Spine (2 views)	512.00
Tib-Fib	358.00
US-Abdominal Survey Limited	1,214.00
US-Hips, with manipulation	1,194.00
US-Pelvis	1,147.00
US-Renals	1,383.00
Wrist (3 or more views)	325.00

Key

CT – CT Scan
 FL – Flouroscopy
 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)	\$ 50.00
Antibody Screening	164.00
Basic Metabolic Panel	48.75
Bilirubin, Direct	71.00
C Trachomatis AMP Probe (Chlamydia trachomatis, amplified probe technique)	228.00

Laboratory Charges – cont'd

CBC with Auto Differential	\$ 37.75
Chromosome Analysis	659.00
Comprehensive Metabolic Panel	57.00
Crossmatch RBC 1U	283.00
Culture, Blood	247.00
Culture, Strep	44.00
Culture, Urine	137.00
Direct Antiglobulin	127.00
EBV (VCA) IGM Antibody	201.00
Fluorescent AB Stain	53.00
Glucose-WB	66.00
Glucose by Glucometer	43.75
Hemogram and Platelet Count	34.25
Hepatic Panel	42.50
Influenza A Antigen Detection	116.00
Influenza B AG Detection	116.00
Lead	162.00
Leukocyte Depleted Red Cells	1,252.00
Mic Method	252.00
Prothrombin Time	26.00
Renal (Kidney) Function Panel	51.00
Respiratory Virus Isolation	213.00
Reticulocyte Count	83.00
Routine Typing, ABO	74.00
Routing Typing, RH(D)	74.00
RSV Antigen Detection	185.00
Thyroid Stimulating Hormone (TSH)	77.00
Tonsils/Adenoids, Gross	54.00
Urinalysis, Routine	32.25

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	\$ 279.00
Airway Management Bag Setup	117.00
Anesthesia Induction and Intubation	650.00
Circuit, Servo (supply)	192.00
Closed SX Sys (supply)	71.00
End-Tital CO2 Monitoring	330.00
Incentive Spirometer (supply)	25.25
IPV/IPPB Treatment, subsequent	244.00
Mask/Nasal Cannula	32.75
Nitric Oxide, each additional hour	643.00
Oxygen	283.00
Postural Drainage Subsequent	197.00
Resuscitator, Infant/Pediatrics	155.00
Standard Nebulization	146.00
Vapotherm Therapy, per day	436.00
Vest Treatment, Subsequent	\$ 197.00