



In compliance with state law, Grace Hospital is providing this price list containing our charges for room and board, 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 case management staff to determine whether they qualify for discounts. These prices are correct as of 1/1/2016

Room and Board -- Per Day Charges

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|--------------|------------|
| Routine care | \$1,675.00 |
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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.

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| Gait Training (each 15 minutes) | \$86.00 |
| Therapeutic Activities (each 15 minutes) | \$135.00 |
| Therapeutic Exercises (each 15 minutes) | \$143.00 |
| Therapeutic Procedures, in group | \$31.00 |

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.

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| Occupational Therapy Evaluation | \$385.00 |
| Self Care/Home Mgt (each 15 minutes) | \$104.00 |
| Therapeutic Exercises (each 15 minutes) | \$143.00 |
| Therapeutic Procedures, in group | \$63.00 |

Pulmonary Therapy 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.

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| Continuous Oxygen | \$52.00 |
| Oximetry, Multiple | \$174.00 |
| Oximetry, Single | \$58.00 |

X-Ray and Radiological Charges

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

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| Abdomen, AP, oblique & cone | \$199.00 |
| Abdomen, complete | \$184.00 |
| Abdomen, single AP view | \$150.00 |

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| Chest special views | \$117.00 |
| Chest, 2 views front & lateral | \$119.00 |
| Chest, single view front | \$291.00 |
| CT abdomen without contrast | \$1,286.00 |
| CT chest with/without contrast | \$693.00 |
| CT extremity lower without contrast | \$927.00 |
| CT head with/without contrast | \$1,118.00 |
| CT head without contrast | \$1,163.00 |
| CT pelvis with contrast | \$1,276.00 |
| CT pelvis without contrast | \$1,226.00 |
| CT thorax with contrast | \$1,319.00 |
| CT thorax without contrast | \$857.00 |
| Echography abdominal | \$361.00 |
| Echography limited | \$262.00 |
| Echography, retroperitoneal | \$290.00 |
| Fluoroscopy >1hour | \$357.00 |
| Fluoroscopy up to 1 hour | \$432.00 |
| Foot, complete | \$168.00 |
| Hip, Complete, minimum 2 views | \$120.00 |
| Knee, 1 or 2 views | \$103.00 |
| MRA head without contrast | \$1,466.00 |
| MRI brain without contrast | \$1,396.00 |
| Shoulder, minimum 2 views | \$220.00 |
| Swallowing function | \$307.00 |
| Ultrasound guide needle | \$321.00 |
| Ultrasound, retroperitoneal limited | \$319.00 |
| Whole body localization of abscess | \$1,528.00 |

Laboratory Charges

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

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| Bacterial culture, other | \$54.00 |
| Bacterial culture, urine | \$67.00 |
| Basic Metabolic Panel | \$113.00 |
| Blood Culture | \$103.00 |
| Blood Gases | \$112.00 |
| BUN | \$43.00 |
| CBC with auto differential | \$48.00 |
| Complete CBC, automated | \$50.00 |
| Comprehensive Metabolic Panel | \$102.00 |
| Cortisol Total Serum | \$48.00 |
| C-Reactive Protein | \$50.00 |
| Feces for occult blood | \$18.00 |
| Glucose | \$36.00 |
| Hematocrit | \$13.00 |
| Hemoglobin | \$19.00 |
| Magnesium | \$74.00 |
| Natruetic Peptide | \$208.00 |
| Phosphorous, urine | \$22.00 |
| Potassium, urine | \$19.00 |
| Prealbumin | \$91.00 |
| Primary source smear | \$54.00 |

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|--------------------------------|----------|
| Prothrombin Time | \$30.00 |
| Renal Function Panel | \$87.00 |
| Sedimentation Rate | \$43.00 |
| Sodium, urine | \$21.00 |
| Stool Culture | \$64.00 |
| Thromboplastin Time | \$50.00 |
| Thyroid Stimulating Hormone | \$103.00 |
| Toxin/Antitoxin Tissue Culture | \$122.00 |
| Urinalysis, automated | \$24.00 |
| Vancomycin Peak/Trough | \$116.00 |

Hospital Billing Policies

POLICY: Grace Hospital uses The Revenue Group as their outsourced billing company. The Revenue Group shall process all patient bills and respond to all patient billing inquiries.

PROCEDURE:

- 1. All patient inquiries regarding billing information should be forwarded to The Revenue Group (216-763-2100). In his/her absence, the Director of Finance and the President & CEO would also be available to respond to the inquiry (216-456-3896).*
- 2. When a patient phone inquiry is received by The Revenue Group, the biller shall document the patient name, patient address, patient phone number, patient billing number (located on the patient's bill), and the nature of the inquiry. The Revenue Group shall investigate the inquiry and respond to the inquiry within the next 3 working days.*
- 3. Prior to responding to the patient, the biller shall review the Uniform Bill, the itemized statement, and may query the Health Information Department for verification of charges with the patient medical record documentation. Any discrepancy shall be immediately reported to the Director of Finance and the President & CEO.*



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** at www.ohanet.org/portal.*