Atrium Medical Center

2013 Pricing Disclosure

Pursuant to section 3727.12 of the Ohio revised Code, the public is entitled, upon request, to a list of the usual and customary charges for Room and Board, and a selected number of X-ray, Laboratory, Emergency Room, Operating Room, Delivery Room, Physical Therapy, Occupational Therapy, and Respiratory Care Services. This list is not intended to be all-inclusive.

Daily Room and Bed Charges	Prices
Med/ Surg	$2,604.00
ICU	$5,769.00
Telemetry	$4,351.00
Mental Health Unit	$3,347.00
Rehab 2 Bed	$2,648.00
Nursery Level I	$2,077.00
Nursery Level II	$1,983.00
Nursery Level III	$2,393.00
Nursery Level IV	$3,024.00

Emergency Room	Price
HS Level 1	$650.00
HS Level 2	$895.00
HS Level 3	$1,450.00
HS Level 4	$2,100.00
HS Level 5	$3,100.00
HS Level 6	$4,000.00
CHG ER Procedure Level 1	$350.00
CHG ER Procedure Level 2	$500.00
CHG ER Procedure Level 3	$625.00
CHG ER Procedure Level 4	$785.00
CHG ER Procedure Level 5	$900.00
CHG ER Procedure Level 6	$1,100.00
CHG ER Procedure Level 7	$1,500.00

Lab Charges	Price
CBC With Differential, Auto	$47.00
Basic Metabolic Panel	$54.00
Prothrombin Time	$25.00
Glucose Tol 1st 3 Screen	$81.00
Drug Screen, Single Class EA	$28.00
Lipid Panel	$78.00
Comprehensive Metabolic Panel	$66.00
Hepatic Function Panel	$49.00
Magnesium	$41.00
Thyroid Stimulating Hormone	$104.00
Urinalysis W/ Micro	$23.00

Important note about these charges

Radiology, Lab, Emergency Room and Surgery charges do not include physician charges. For information regarding these charges, please contact:

Middletown Anesthesiology
(513) 727-0748 or (937) 293-0247

Middletown Emergency Physicians. Inc
(800) 875-7374 ext 2075

Medical Imaging Physicians
(866) 433-6123

Middletown Diagnostic Services
(800) 365-3744

The hospital bill you receive may be different than the estimated charges listed here.

The estimates provided are an approximation of the total charges for a specific type of stay at Atrium Medical Center (Atrium). They are not a legally binding quote of charges for services to be rendered. Your actual charges could be more or less than these estimates, based on the specific factors of your case. Some of these factors include:

- The need for additional testing, medications, services, or procedures ordered during your care.
- The procedure planned may not be the procedure performed based on your physician's assessment.
- Pre-existing health factors such as obesity,

Troponin Quantitative	$61.00
CKMB Fraction	$70.00
PTT Substitution Frac Ea.	$50.00
Pap Smear By Thin Layer	$75.00
Phosphorus	$29.00
Urine Bacterial Culture	$49.00
Culture, Blood	$64.00
Tissue:Level Iv Gross & Micro	$171.00
Hemoglobin	$14.00
Hematocrit	$14.00
T3 Free	$104.00
Creatinine	$32.00
T4 Total	$41.00
CA 125	$127.00
Bacterial ID,Aerobic Ea Isolate	$49.00
Antibody Screen	$90.00
HCG Quantitative	$93.00
Blood Gas; Ph Pco2, Po2	$174.00

Labor and Delivery Services	**Prices**
OB/2 Bed L&D	$2,700.00
Med-Surg-Gyn 2/Bed OB	$2,528.00
Delivery	$7,850.00
C-section	$11,250.00

Physical & Occupational Therapy	**Prices**
Fluidotherapy	$96.00
Dysphagia Eval Video	$649.00
Dysphagia Tx Up To 60 Min	$137.00
Electrical Stimulation-Unattended	$99.00
Exercise Pt Ea 15 Min	$154.00
Gait Training Pt 15 Min	$97.00
Manual Therapy Ea15 Min Ot	$117.00
Neuromuscular Re-Ed 15Min	$127.00
Ot Cog/Sen/Perc Retrain 15 Min	$129.00
Pt/Ot Evaluation 1	$125.00
Pt/Ot Evaluation 2	$250.00
Pt/Ot Evaluation 3	$375.00
Pt/Ot Evaluation 4	$500.00
Speech/Language Evaluation 1	$150.00
Speech/Language Evaluation 2	$300.00
Speech/Language Evaluation 3	$450.00
Speech/Language Evaluation 4	$600.00
Speech/Language Evaluation 5	$750.00
Speech Tx Adult To 60 Min	$137.00
St Dysphagia Evaluation 1	$125.00
St Dysphagia Evaluation 2	$250.00

diabetes, and smoking may impact your medical needs.

- If you are insured, the type of insurance you have, and your deductibles or out-of-pocket limits will determine your final bill from Atrium. To get the most accurate information, contact your insurance company to understand what you may owe for a test or procedure.

If you have questions about a procedure that is not listed or need additional information, please call the Procedure Price Line at (937) 499-8894. A representative is available to help you from 7:00 am – 7:00 pm Monday through Thursday and 7:00 am – 5:30 pm Friday.

St Dysphagia Evaluation 3	$375.00
St Dysphagia Evaluation 4	$500.00
Therapeutic Exercise; Ea 15 Min--Ot	$154.00
Ultrasound Per 15 Min	$88.00
Whirlpool/Fluidotherapy Ot	$75.00

Radiology Services	Prices
CT Abdomen W/O Contrast	$1,864.00
CT Chest W/O Contrast	$1,900.00
CT Head W/O Contrast	$1,518.00
CT Lumbar W/O Contrast	$1,946.00
CT Pelvis W Contrast	$2,253.00
Dpx Scan Art Low Ext Bilat Compl	$1,839.00
Mammo, Diagnostic Bilat	$198.00
Mammo, Digital Screen	$156.00
MRI Brain W/O+W Contrast	$3,950.00
MRI-Breast W Contrast Unilat	$3,154.00
NM-Pet/Ct Whole Body	$4,451.00
US Breast Bilateral	$1,250.00
US - Abdomen Complete	$1,014.00
US - Breast Unilateral	$625.00
US - Transvaginal	$789.00
Xray-Spine L/S, 2 Or 3 Views	$446.00
Xray-Abd Series Complete W Pa Chest	$492.00
Xray-Ankle 2 Views, Rt Ot Lt	$261.00
Xray-Cervical Spine 2 Or 3 Views	$402.00
Xray-Cervical Spine 4 View	$480.00
Xray-Chest Pa And Lateral	$334.00
Xray-Chest Single	$267.00
Xray-Foot Rt Or Lt Min 3 Views	$298.00
Xray-Hand Rt Or Lt Min 3 Views	$298.00
Xray-Knee 1 Or 2 Views	$280.00
Xray-Pelvis 1 Or 2 Views	$298.00
Xray-Thoracic 2 Views	$283.00
Bone Density Dual Energy, Axi (Dexa)	$332.00
Cardiac Stress Imaging W/Wall Motion & Ejection Frac	$4,733.00

** Please note: For all Radiology procedures, a radiologist will bill professional fees seperately for the test reading and writing of a report. Contrast charges are aditional.*

Respiratory	Price
CO Membrane Diffuse Capacity	$580.00
Arterial Puncture, Blood Withdrawl For Diag	$51.00
Asthma Clinic Initial Visit	$186.00
Ban Treatment Initial	$243.00
Ban Treatment Subsequent	$137.00

Bipap Daily	$714.00
Bronchodilation Response,Spirometry	$972.00
CPR	$1,025.00
IPPB Initial Treatment	$243.00
IPPB Sunsequent Treatment	$137.00
Med Neb Subseq Treatment	$110.00
Med Neb Initial Treatment	$116.00
Oximeter Single Determination	$142.00
Oximetry Continuous	$20.00
Oxygen Daily Use	$148.00
Peak Flow Meter	$43.00
Gas Dilution Or Wash Out	$250.00
Ventilator Ea Subsequent Day	$1,165.00
Ventilator Initial Day	$2,204.00

Surgery	**Prices**
OR Procedure Level 1 *includes initial 30 minutes*	$6,375.00
OR Procedure Level 2 *includes initial 30 minutes*	$11,600.00
OR Procedure Level 3 *includes initial 30 minutes*	$14,158.00
OR Procedure Level 4 *includes initial 30 minutes*	$16,842.00
OR Procedure Level 5 *includes initial 30 minutes*	$17,518.00
Or Level 1 - Minutes	$64.00
Or Level 2 - Minutes	$116.00
Or Level 3 - Minutes	$119.00
Or Level 4 - Minutes	$124.00
Or Level 5 - Minutes	$130.00