

## Patient Price Information List

In compliance with state law, Mount Carmel Health System is providing this price list for its four hospitals – Mount Carmel East, Mount Carmel West, Mount Carmel St. Ann's and Mount Carmel New Albany – containing our charges for room and board, emergency department, operating room, delivery services, physical therapy and other procedures. Mount Carmel Health System charges 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 admitting and billing staff to determine whether they qualify for discounts. These prices are correct as of July 1, 2018.

As mentioned above our hospitals charge the same for all patients, however, a patient's share of the payment may vary depending on the type of coverage they have with their insurance company. To get an estimate of the costs of services for a particular insurance plan, please **call 614-234-6074 and request an estimate of the patient's portion of the payment**. We are committed to providing care for all of our patients, regardless of their ability to pay; therefore, patients who do not have insurance or are considered underinsured should **call 614-234-8888 to determine if they are eligible for our financial assistance programs**. Financial Counselors are available weekdays between 8am & 5pm to provide cost estimates as well as discuss options for financial assistance.

### Room and Board -- Per Day Charges

The following list included per day charges for inpatients only. Observation rates are not reflected and will be billed in addition to the per day rates, if the patient was in observation status at anytime during their stay.

**GENERAL MED/SURG**

|                   |             |
|-------------------|-------------|
| Routine care      | \$ 2,040.00 |
| Intermediate Care | \$ 4,680.00 |

### Emergency Department Charges

Emergency Department charges are based on the level of emergency care provided to our patients. The levels, with level 1 representing basic care, reflect the type of accommodations needed, personnel resources, intensity of care and 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. They also do not include fees for Emergency Department physicians, who will bill separately for services.

|  |             |
|--|-------------|
| ER Visit - Level 1                           | \$ 294.00   |
| ER Visit - Level 2                           | \$ 682.00   |
| ER Visit - Level 3                           | \$ 1,472.00 |
| ER Visit - Level 4                           | \$ 2,345.00 |
| ER Visit - Level 5                           | \$ 3,045.00 |
| ER Visit - Critical Care First 31-74 Minutes | \$ 4,250.00 |
| Critical Care Additional 30 Minutes          | \$ 301.00   |
| Trauma Activation Fee                        | \$ 5,085.00 |

### 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.

|                                  |           |
|----------------------------------|-----------|
| BLOOD GAS WITH OXYGEN SATURATION | \$ 156.00 |
| CALCIUM IONIZED                  | \$ 75.00  |
| OXYGEN PER DAY                   | \$ 20.00  |
| PRESS OR NONPRESS INHAL TX       | \$ 153.00 |
| PULSE OX OVERNIGHT               | \$ 66.00  |
| PULSE OX SINGLE                  | \$ 66.00  |
| PUNCTURE ARTERIAL                | \$ 46.00  |

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### X-Ray and Radiological Charges

The following charges reflect the hospital's 30 most common x-ray and radiological procedures. There may be additional supply and contrast media charges depending on the procedure. This does not include any physician related expenses related to interpretation/reading of image results.

|  |             |
|--|-------------|
| CAT SCAN CHEST WITH CONTRAST                           | \$ 1,181.00 |
| CAT SCAN CHEST WITHOUT CONTRAST                        | \$ 1,150.00 |
| CAT SCAN MAXILLOFACIAL WITHOUT CONTRAST                | \$ 1,150.00 |
| CAT SCAN NECK SOFT TISSUE WITH CONTRAST                | \$ 1,181.00 |
| DUPLX ABDOMEN/PELVIS SCROTAL AND/OR RETROPERITONEAL LI | \$ 597.00   |
| MRI BRAIN WITH AND WITHOUT CONTRAST                    | \$ 2,130.00 |
| MRI BRAIN WITHOUT CONTRAST                             | \$ 1,476.00 |
| MRI C-SPINE WITHOUT CONTRAST                           | \$ 1,476.00 |
| MRI L-SPINE WITHOUT CONTRAST                           | \$ 1,476.00 |
| ULTRASOUND HEAD/NECK SOFT TISSUE                       | \$ 658.00   |
| ULTRASOUND RETROPERITONEAL COMPLETE                    | \$ 695.00   |
| XRAY ABDOMEN COMPLETE SUPINE ERECT DECUBITUS VIEW      | \$ 285.00   |
| XRAY ABDOMEN 1 VIEW                                    | \$ 178.00   |
| XRAY CERVICAL SPINE 2 OR 3 VIEWS                       | \$ 285.00   |
| XRAY ELBOW 3 OR MORE VIEWS LEFT                        | \$ 178.00   |
| XRAY ELBOW 3 OR MORE VIEWS RIGHT                       | \$ 178.00   |
| XRAY FINGER(S) 2 OR MORE VIEWS LEFT                    | \$ 178.00   |
| XRAY FINGER(S) 2 OR MORE VIEWS RIGHT                   | \$ 178.00   |
| XRAY HAND 3 OR MORE VIEWS LEFT                         | \$ 178.00   |
| XRAY HIP 2 OR MORE VIEWS LEFT                          | \$ 178.00   |
| XRAY HIP 2 OR MORE VIEWS RIGHT                         | \$ 178.00   |
| XRAY HIP W PELVIS 2 OR MORE VIEWS BILATERAL            | \$ 285.00   |
| XRAY KNEE 1-2 VIEWS LEFT                               | \$ 178.00   |
| XRAY L-SPINE 4 OR MORE VIEWS                           | \$ 356.00   |
| XRAY RIBS W CHEST 3 OR MORE VIEWS                      | \$ 428.00   |
| XRAY TIBIA/FIBULA 2 VIEWS LEFT                         | \$ 178.00   |
| XRAY TIBIA/FIBULA 2 VIEWS RIGHT                        | \$ 178.00   |
| XRAY THORACIC SPINE 3 VIEWS                            | \$ 356.00   |
| XRAY WRIST 3 OR MORE VIEWS LEFT                        | \$ 178.00   |
| XRAY WRIST 3 OR MORE VIEWS RIGHT                       | \$ 178.00   |

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### Laboratory Charges

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

|                               |           |
|-------------------------------|-----------|
| BASIC METABOLIC PANEL         | \$ 40.00  |
| BLD SMEAR W MANUAL WBC DIFF   | \$ 20.00  |
| CBC                           | \$ 36.00  |
| CBC W AUTO DIFF               | \$ 21.00  |
| CHLAMYDIA TRACH NAP AMPLIFIED | \$ 96.00  |
| COMPREHENSIVE METABOLIC PANEL | \$ 58.00  |
| CREATININE                    | \$ 28.00  |
| CULTURE BLOOD                 | \$ 57.00  |
| CULTURE COLONY COUNT URINE    | \$ 44.00  |
| FIBRIN DEGRAD D DIMER QN      | \$ 56.00  |
| GLYCOHEMOGLOBIN (HGB A1C)     | \$ 53.00  |
| HEPATIC FUNCTION PANEL        | \$ 35.00  |
| INFLUENZA IA OPTICAL          | \$ 66.00  |
| LIPASE                        | \$ 38.00  |
| LIPID PANEL                   | \$ 70.00  |
| MAGNESIUM                     | \$ 32.00  |
| N GONORRHEA NAP AMPLIFIED     | \$ 96.00  |
| NATRIURETIC PEPTIDE           | \$ 187.00 |
| PREGNANCY TEST URINE          | \$ 35.00  |
| PROTHROMBIN TIME (PT)         | \$ 22.00  |
| SMEAR WET MOUNT               | \$ 23.00  |
| STREP A SCREEN RAPID          | \$ 66.00  |
| SUSCEPTIBILITY MIC PER PLATE  | \$ 43.00  |
| T4 (THYROXINE) FREE           | \$ 50.00  |
| THYROID STIMULATING HORMONE   | \$ 92.00  |
| TROPONIN QN                   | \$ 54.00  |
| UA W MICRO AUTO               | \$ 9.00   |
| UA W/O MICRO AUTO             | \$ 12.00  |
| VENIPUNCTURE                  | \$ 15.00  |
| VITAMIN D-3 25-OH             | \$ 163.00 |

## Patient Price Information List

### Hospital Billing Policies

Diley Ridge Medical Center is committed to providing the highest quality health care to every patient, regardless of the ability to pay. We offer the information contained here to help you understand your hospital bill, health insurance requirements and financial assistance options. Patients may also call (614) 838-7991 to speak to a representative for assistance.

### **Patients With Health Insurance**

Diley Ridge Medical Center accepts Medicare, Medicaid, managed care, commercial, and work-related insurance plans. Payment of your financial obligation is required at the time of service. Diley Ridge Medical Center will bill your primary insurance company for you. If you have secondary insurance coverage, Diley Ridge Medical Center will bill that company, after your primary insurance benefits are processed. As a patient, you assume responsibility for paying any charges that your insurance company denies or does not pay. If you have questions about your financial obligation, or about other benefits, call your insurance company directly.

### **Patients Without Health Insurance**

Patients who wish to schedule elective medical and/or maternity services are required to pay in full prior to coming in for the service. A Patient Financial Specialist will contact you prior to your scheduled service to arrange for payment of your bill. You may make an acceptable payment plan to resolve the account balance and any other outstanding obligations at that time.

### **Payment Options**

You may pay for services online at [www.dileyridgemedicalcenter.com](http://www.dileyridgemedicalcenter.com), via "check by phone," or by personal check, credit card, bank loan, or cash. You may also make arrangements to pay an acceptable monthly amount. There will be a fee charged for checks returned unpaid. Diley Ridge Medical Center does not charge interest for financial obligations that are paid within the regular Diley Ridge Medical Center billing cycle or through a mutually acceptable payment arrangement. Financial counselors are available for consultation while you are a patient at Diley Ridge Medical Center to help you resolve your hospital bill. If you have any questions, contact your Patient Financial Specialist, who can provide financial counseling services.

### **Health Insurance Exchange**

Everyone deserves access to affordable healthcare. If you would like more a more affordable health plan or are presently uninsured, please call (614) 334-4093 for a representative at My Health Quoter ([myhealthquoter.com](http://myhealthquoter.com)) or call (866) 227-7117 for a representative at Insurance Spark to answer your questions.

### **Financial Assistance**

If you cannot pay the balance of your bill in full, contact Diley Ridge Medical Center. Two options are available for financial assistance. Medically unnecessary procedures may not qualify.

#### **Option 1: Hospital Care Assurance Program (HCAP)**

The Hospital Care Assurance Program (HCAP) is available to patients:

- who are Ohio residents
- who are not currently receiving Medicaid benefits
- whose personal/family income is at or below federal poverty income guidelines

***If you apply and are eligible for this program, you will not be billed for hospital services. You will be responsible for paying your physicians' bills. For more information, call 614-234-8796.***

#### **Option 2: Diley Ridge Medical Center Financial Assistance Programs**

Provides financial assistance programs based upon a patient's income, expenses, and other circumstances.

### **Other Bills for Your Treatment**

Your bill from Diley Ridge Medical Center is only for hospital services. Depending on the services you received, you may be billed by your personal physician, other physicians who were involved in your care, and/or physicians who administered/interpreted your test results, including, but not limited to, bills for such services as emergency care, radiology, pathology, and anesthesiology. If you have questions about any bill you receive other than a bill from Diley Ridge Medical Center, you should call the office that sent the bill directly.

### **Price Information**

A phone line is available for patients to request non-published pricing information for patients on a case-by-case basis. That number is (614) 838-7991.

### **Automated Touch-Tone Service**

Diley Ridge Medical Center's Automated Touch-Tone Service offers quick answers to many common questions about your account. You must have your account number ready when you call. It can be found on the statement that you received from Diley Ridge Medical Center. Access to this service is available 24-hours-a-day.