

Procedure Pricing Lake West Medical Center

In compliance with state law, UH Lake West Medical Center is providing this price list containing our charges for room and board, emergency department, operating room, delivery, 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 admitting and billing staff to determine whether they qualify for discounts. These prices are correct as of January 1, 2024.

ROOM AND BOARD	COST
Room Rate	\$ 1,849.00
Intensive Care	\$ 3,899.00
ICU Stepdown / Tele Room Rate 206	\$ 2,768.00
Nursery	\$ 1,220.00
Labor&Delivery Room	\$ 2,334.00
RADIOLOGY	COST
<i>Prices for common radiological procedures are:</i>	
BONE DENSITY STUDY	\$ 595.00
CT CHEST WITH CONTRAST	\$ 2,154.00
CT CHEST WITHOUT CONTRAST	\$ 1,550.00
CT SCAN HEAD OR BRAIN W/O CONTRAST	\$ 1,550.00
CT SCAN OF ABDOMEN AND PELVIS WITH CONTRAST	\$ 3,074.00
CT SCAN OF ABDOMEN AND PELVIS WITHOUT ORAL WITH IV CONTRAST	\$ 3,074.00
CT SCAN OF ABDOMEN AND PELVIS WITHOUT ORAL WITHOUT IV CONTRAST	\$ 2,982.00
CT SCAN OF BLOOD VESSELS IN CHEST W CONTRAST	\$ 2,651.00
CT SCAN OF UPPER SPINE WITHOUT CONTRAST	\$ 1,934.00
DIAGNOSTIC MAMMOGRAPHY	\$ 628.00
DIAGNOSTIC MAMMOGRAPHY BOTH BREASTS	\$ 808.00
MRI SCAN BRAIN W/O CONTRAST	\$ 2,565.00
MRI SCAN LUMBAR SPINE W/O CONTRAST	\$ 2,793.00
SCREENING DIGITAL TOMOGRAPHY OF BOTH BREASTS	\$ 101.00
TRANSVAGINAL ULTRASOUND NON OBSTETRICAL	\$ 1,082.00
ULTRASOUND OF ABDOMEN	\$ 928.00
ULTRASOUND OF PELVIS	\$ 1,134.00
ULTRASOUND RETROPERITONEAL RENAL/AORTA/NODES	\$ 886.00
US SCAN OF BLOOD FLOW ON BOTH SIDES OF THE HEAD AND NECK (OUTSIDE THE	\$ 1,611.00
X RAY OF ANKLE 3 OR MORE VIEWS	\$ 489.00
X RAY OF KNEE 4 OR MORE VIEWS	\$ 627.00
X RAY OF LOWER AND SACRAL SPINE 2 OR 3 VIEWS	\$ 541.00
X-RAY CHEST 1 VIEW	\$ 361.00
X-RAY CHEST 2 VIEWS	\$ 451.00
XRAY OF ABDOMEN KUB	\$ 350.00
XRAY OF CERVICAL SPINE 2 VIEWS	\$ 534.00
XRAY OF FOOT 3 OR MORE VIEWS	\$ 517.00

XRAY OF HAND 3 OR MORE VIEWS	\$	532.00
XRAY OF HIP WITH PELVIS 2 - 3 VIEWS	\$	538.00
XRAY OF SHOULDER 2 OR MORE VIEWS	\$	568.00

LABORATORY

COST

Prices for common laboratory procedures are:

ROUTINE VENIPUNCTURE	\$	28.00
COMPLETE CBC AUTOMATED	\$	112.00
COMPREHEN METABOLIC PANEL	\$	244.00
COMPLETE CBC W/AUTO DIFF WBC	\$	129.00
METABOLIC PANEL TOTAL CA	\$	152.00
ASSAY GLUCOSE BLOOD QUANT	\$	29.00
ASSAY OF TROPONIN QUANT	\$	165.00
ASSAY OF MAGNESIUM	\$	89.00
ASSAY OF LACTIC ACID	\$	100.00
PROTHROMBIN TIME	\$	96.00
SARS-COV-2 COVID-19 AMP PRB	\$	156.00
RENAL FUNCTION PANEL	\$	232.00
URINALYSIS AUTO W/SCOPE	\$	152.00
REAGENT STRIP/BLOOD GLUCOSE	\$	29.00
TISSUE EXAM BY PATHOLOGIST	\$	408.00
URINALYSIS AUTO W/O SCOPE	\$	71.00
SARSCOV2 & INF A&B AMP PRB	\$	369.00
ASSAY OF CALCIUM	\$	125.00
ASSAY OF LIPASE	\$	140.00
ASSAY OF SERUM POTASSIUM	\$	74.00
ASSAY OF NATRIURETIC PEPTIDE	\$	254.00
ASSAY OF SERUM SODIUM	\$	70.00
ASSAY OF BLOOD CHLORIDE	\$	53.00
HEMOGLOBIN	\$	40.00
THROMBOPLASTIN TIME PARTIAL	\$	96.00
BLOOD GASES W/O2 SATURATION	\$	279.00
URINE CULTURE/COLONY COUNT	\$	156.00
BLOOD CULTURE FOR BACTERIA	\$	186.00
ASSAY THYROID STIM HORMONE	\$	168.00
HEPATIC FUNCTION PANEL	\$	175.00

EMERGENCY ROOM SERVICES

COST

The prices for basic emergency room services are as follows:

ER Level 1	\$	385.00
ER Level 2	\$	629.00
ER Level 3	\$	1,048.00
ER Level 4	\$	1,645.00
ER Level 5	\$	2,585.00
CRITICAL CARE FIRST HOUR	\$	3,621.00
CRITICAL CARE ADDL 30 MIN	\$	817.00

OPERATING ROOM SERVICES

COST

OR LEVEL 1 - Base Rate	\$	1,528.00
OR LEVEL 1 - Per Min Rate	\$	77.00
OR LEVEL 2 - Base Rate	\$	2,292.00
OR LEVEL 2 - Per Min Rate	\$	94.00
OR LEVEL 3 - Base Rate	\$	2,994.00
OR LEVEL 3 - Per Min Rate	\$	116.00
OR LEVEL 4 - Base Rate	\$	3,891.00
OR LEVEL 4 - Per Min Rate	\$	124.00
OR LEVEL 5 - Base Rate	\$	4,863.00
OR LEVEL 5 - Per Min Rate	\$	139.00
OR LEVEL 6 - Base Rate	\$	5,939.00
OR LEVEL 6 - Per Min Rate	\$	146.00

THERAPY SERVICES

COST

Prices for the most common physical therapy services are:

Gait training therapy ea 15min	\$	171.00
Manual therapy ea 15min	\$	171.00
Neuromuscular re ed ea 15 min in PT	\$	172.00
PT Evaluation: low complexity	\$	249.00
PT Evaluation: moderate complexity	\$	249.00
Therapeutic activities ea 15min	\$	193.00

OCCUPATIONAL THERAPY

COST

Prices for the most common occupational therapy services are:

Self care mgmt training ADL ea 15 min in OT	\$	171.00
Therapeutic exercise ea 15 min in OT	\$	177.00
OCCUPATIONAL THERAPY EVALUATION LOW COMPLEXITY 30 MIN	\$	366.00
SELF CARE HOME MANAGEMENT TRAINING EA 15 MIN	\$	171.00

PULMONARY THERAPY

COST

Prices for the most common pulmonary therapy procedures are:

Ventilation Assist ea Subsequent Day	\$	1,404.00
Aerosol treatment	\$	245.00
Airway Clearance Subsequent	\$	267.00
Arterial puncture for ABG by RT	\$	170.00
BIPAP	\$	710.00
Pulse oximetry oxygen saturation single determination	\$	187.00

If you received services at UH Lake West, your hospital charges are managed through the Central Business Office of University Hospitals.

Shortly after receiving services, you will receive your Personal Account Statement. The statement is generated and mailed to you at the same time your charges are submitted to your insurance carrier.

In addition to your hospital bill, you may receive separate bills from your physician or other professional service providers involved in your hospital care. If you have a question regarding your Hospital Based Physician Bill or would like to make payment, we ask that you contact them directly. Please refer to the Hospital Based Physician Information on this web site.