

Procedure Pricing UH Regional Hospitals

In compliance with state law, UH Geauga 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

RADIOLOGY	COST
<i>Prices for common radiological procedures are:</i>	
US EXAM PELVIC COMPLETE	\$ 1,133.60
X-RAY EXAM CHEST 1 VIEW	\$ 360.88
X-RAY EXAM CHEST 2 VIEWS	\$ 451.36
X-RAY EXAM OF SHOULDER	\$ 567.84
X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 537.68
X-RAY EXAM OF KNEE 3	\$ 517.92
X-RAY EXAM OF FOOT	\$ 516.88
X-RAY EXAM OF ANKLE	\$ 488.80
X-RAY EXAM KNEE 4 OR MORE	\$ 627.12
X-RAY EXAM OF WRIST	\$ 567.84
X-RAY EXAM OF HAND	\$ 532.48
X-RAY EXAM OF KNEE 1 OR 2	\$ 349.44
X-RAY EXAM L-2 SPINE 4/>VWS	\$ 676.00
X-RAY EXAM ABDOMEN 1 VIEW	\$ 350.48
TRANSVAGINAL US NON-OB	\$ 1,081.60
US EXAM ABDO BACK WALL COMP	\$ 1,199.12
US EXAM OF HEAD AND NECK	\$ 1,092.00
BREAST TOMOSYNTHESIS UNI	\$ 69.68
DXA BONE DENSITY STUDY	\$ 730.08
CT ANGIOGRAPHY CHEST	\$ 2,650.96
CT HEAD/BRAIN W/O DYE	\$ 1,549.60
CT ABD & PELV W/CONTRAST	\$ 3,074.24
CT ABD & PELVIS W/O CONTRAST	\$ 2,981.68
CT THORAX DX C-	\$ 1,873.04
CT THORAX DX C+	\$ 2,153.84
CT NECK SPINE W/O DYE	\$ 1,934.40
ULTRASOUND BREAST LIMITED	\$ 588.64
BREAST TOMOSYNTHESIS BI	\$ 100.88
SCR MAMMO BI INCL CAD	\$ 628.16
DXA BONE DENSITY AXIAL	\$ 594.88

LABORATORY	COST
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Prices for common laboratory procedures are:

ROUTINE VENIPUNCTURE	\$ 28.08
COMPLETE CBC AUTOMATED	\$ 112.32
COMPREHEN METABOLIC PANEL	\$ 244.40
COMPLETE CBC W/AUTO DIFF WBC	\$ 128.96
METABOLIC PANEL TOTAL CA	\$ 151.84
ASSAY GLUCOSE BLOOD QUANT	\$ 29.12
ASSAY OF TROPONIN QUANT	\$ 165.36
ASSAY OF MAGNESIUM	\$ 89.44
ASSAY OF LACTIC ACID	\$ 99.84
PROTHROMBIN TIME	\$ 95.68
SARS-COV-2 COVID-19 AMP PRB	\$ 156.00
RENAL FUNCTION PANEL	\$ 231.92
URINALYSIS AUTO W/SCOPE	\$ 151.84
REAGENT STRIP/BLOOD GLUCOSE	\$ 29.12
LIPID PANEL	\$ 176.80
URINALYSIS AUTO W/O SCOPE	\$ 70.72
SARSCOV2 & INF A&B AMP PRB	\$ 369.20
GLYCOSYLATED HEMOGLOBIN TEST	\$ 141.44
ASSAY OF LIPASE	\$ 140.40
URINE PREGNANCY TEST	\$ 86.32
ASSAY OF NATRIURETIC PEPTIDE	\$ 253.76
VITAMIN D 25 HYDROXY	\$ 326.56
CULTURE AEROBIC IDENTIFY	\$ 96.72
C-REACTIVE PROTEIN	\$ 119.60
THROMBOPLASTIN TIME PARTIAL	\$ 95.68
ASSAY OF PHOSPHORUS	\$ 70.72
URINE CULTURE/COLONY COUNT	\$ 156.00
BLOOD CULTURE FOR BACTERIA	\$ 186.16
ASSAY THYROID STIM HORMONE	\$ 168.48
FIBRIN DEGRADATION QUANT	\$ 199.68

EMERGENCY ROOM SERVICES	COST
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The prices for basic emergency room services are as follows:

EMERGENCY DEPT VISIT LOW MDM	\$ 1,048.32
EMERGENCY DEPT VISIT MOD MDM	\$ 1,645.28
EMERGENCY DEPT VISIT HI MDM	\$ 2,585.44
EMERGENCY DEPT VISIT SF MDM	\$ 629.20
CRITICAL CARE FIRST HOUR	\$ 3,621.28
CRITICAL CARE ADDL 30 MIN	\$ 817.44

OPERATING ROOM SERVICES	COST
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OR LEVEL 1 - Base Rate	\$ 1,527.76
OR LEVEL 1 - Per Min Rate	\$ 76.96
OR LEVEL 2 - Base Rate	\$ 2,292.16
OR LEVEL 2 - Per Min Rate	\$ 93.60

OR LEVEL 3 - Base Rate	\$	2,994.16
OR LEVEL 3 - Per Min Rate	\$	116.48
OR LEVEL 4 - Base Rate	\$	3,890.64
OR LEVEL 4 - Per Min Rate	\$	123.76
OR LEVEL 5 - Base Rate	\$	4,863.04
OR LEVEL 5 - Per Min Rate	\$	139.36

THERAPY SERVICES	COST
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Prices for the most common physical therapy services are:

Gait training therapy ea 15min	\$	170.56
Manual therapy ea 15min	\$	170.56
Neuromuscular re ed ea 15 min in PT	\$	171.60
PT Evaluation: low complexity	\$	294.32
PT Evaluation: moderate complexity	\$	294.32
Therapeutic activities ea 15min	\$	193.44

OCCUPATIONAL THERAPY	COST
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Prices for the most common occupational therapy services are:

OT EVAL LOW COMPLEX 30 MIN	\$	366.08
Therapeutic exercise ea 15 min in OT	\$	176.80

PULMONARY THERAPY	COST
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Prices for the most common pulmonary therapy procedures are:

Ventilation Assist ea Subsequent Day	\$	1,404.00
Aerosol treatment	\$	245.44
Airway Clearance Subsequent	\$	267.28
Arterial puncture for ABG by RT	\$	169.52
BIPAP	\$	710.32
Pulse oximetry oxygen saturation single determination	\$	187.20

If you received services at UH Geauga Medical Center, 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.