

Patient Pricing Information St John Medical Center

In compliance with state law, UH St. John 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
Semi private room rate 121	\$ 1,849.00
ICU room rate 201 202 208 210	\$ 3,899.00
ICU Stepdown/ Telemetry room rate 206	\$ 2,768.00
Semi private OB/GYN room rate 121	\$ 2,244.00
Nursery Level 1 171	\$ 1,293.00

ED	Cost
Emergency Department E & M Level 1	\$ 385.00
Emergency Department E & M Level 2	\$ 629.00
Emergency Department E & M Level 3	\$ 1,048.00
Emergency Department E & M Level 4	\$ 1,645.00
Emergency Department E & M Level 5	\$ 2,585.00
ED Visit Critical Care Level	\$ 3,621.00
IV push each sequential new drug	\$ 330.00
IV push sgl/init drug	\$ 364.00
IV push each sequential same drug	\$ 332.00
Inj IM or subcut any drug	\$ 208.00
Pulse oximetry O2 saturation multiple determinations	\$ 381.00
Admin of immunization (Flu, Pneumovax)	\$ 45.00

Laboratory Services	Cost
Anti IGE Receptor AB Subsequent Markers (FIGE2)	\$ 165.00
Basic metabolic panel	\$ 152.00
Calcium ionized	\$ 125.00
C reactive protein	\$ 120.00
Chloride blood	\$ 53.00
Comprehensive metabolic panel	\$ 244.00
Complete CBC auto with auto diff	\$ 129.00
COVID-19	\$ 64.00
Culture bacterl bld aerobic (BLDNB)(BLDC)	\$ 186.00
D-dimer quant (DDM3)	\$ 200.00
Glucose quant blood	\$ 56.00
Hemoglobin (HGB HGBCC HGBCX HGBXC)	\$ 64.00
Hemoglobin A1C+	\$ 136.00
Iron	\$ 26.00

Iron binding capacity	\$	31.00
Lactate	\$	100.00
LD LDH	\$	76.00
Lipase (LIPAS)(LIPFD)	\$	140.00
Lipid panel	\$	177.00
Magnesium	\$	89.00
Phosphorus inorganic serum	\$	71.00
POC Glucose (GLUPO)	\$	29.00
Potassium serum	\$	74.00
Prothrombin time	\$	49.00
Renal function panel	\$	232.00
Sodium serum	\$	70.00
Thyroid TSH (TSH2) (TSHH2)	\$	168.00
Urinalysis auto w/microscopy(UAMC2)(UAM2)	\$	152.00
Venipuncture VENI	\$	28.00
Vitamin B-12	\$	137.00

Radiology Services		Cost
CT Head wo contrast	\$	1,550.00
CT abdomen and pelvis w/contrast material(s)	\$	3,074.00
CTA Chest w wo contrast	\$	2,255.00
CT Cervical spine wo contrast	\$	1,934.00
CT abdomen and pelvis w/o contrast material	\$	2,982.00
CT Chest, diagnostic; wo contrast	\$	1,873.00
CT Chest, diagnostic; w contrast	\$	2,154.00
Digital screening mammography with CAD	\$	808.00
Digital breast tomosynthesis bilateral	\$	87.00
Digital mammogrphy unilateral including CAD	\$	519.00
Screening digital breast tomosynthesis bilateral	\$	101.00
US breast unilateral incl axilla limited	\$	589.00
US breast elastography first lesion	\$	350.00
Mri Brain W-Wo Contrast	\$	2,891.00
MRI brain without contrast material	\$	2,565.00
MRI abdomen w/o & w/contrast	\$	3,241.00
US abdomen limited	\$	928.00
US retroperitoneal complete	\$	1,199.00
US pelvic non ob complete	\$	1,134.00
US Transvaginal	\$	1,082.00
US Soft Tissues-Head/Neck(Thy)	\$	1,092.00
Xray - Abdomin 1 view	\$	582.00
Xray - Chest 1 view	\$	361.00
Xray - Chest 2 views	\$	451.00
Xray- Knee 4 or more views	\$	627.00
Xray - Foot min 3 views	\$	517.00
Xray - Shoulder min 2 views	\$	568.00
Xray- Hand min 3 views	\$	532.00

Xray- Hip unilateral 2-3 views	\$	538.00
Xray- Ankle min 3 views	\$	489.00
DXA Bone Density Axial	\$	595.00

Operating Room Services		Cost
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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

Physical Therapy Services		Cost
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PT Evaluation: low complexity	\$	294.00
PT Evaluation: moderate complexity	\$	294.00
Therapeutic exercise ea 15min	\$	177.00
Gait training therapy ea 15min	\$	171.00
Neuromuscular re ed ea 15 min in PT	\$	171.00
Therapeutic activities ea 15 min	\$	193.00
Manual therapy ea 15min	\$	171.00
Aqua therapy w exercise ea 15 min	\$	173.00

Occupational Therapy Services		Cost
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OT evaluation: low complexity	\$	366.00
OT evaluation: moderate complexity	\$	366.00
Self care mgmt training ADL ea 15 min OT	\$	171.00
Neuromuscular re ed ea 15 min in OT	\$	171.00
Therapeutic activities ea 15 min in OT	\$	193.00
Manual therapy each 15 min in OT	\$	171.00
Therapeutic exercise ea 15 min in OT	\$	177.00

Pulmonary Therapy		Cost
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DLCO Diffusing Capacity	\$	621.00
Lung Volume Plethysmography	\$	454.00
Spirometry	\$	589.00
Pulse ox single determination	\$	187.00
Aerosol treatment	\$	245.00

Respiratory Therapy		Cost
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BIPAP	\$	710.00
Arterial puncture for ABG by RT	\$	170.00
Pulse ox single determination	\$	187.00

Ventilat'n Assist ea Subsqnt Day IP/Obse	\$	1,404.00
Internal transport by RT	\$	321.00

Labor and Delivery		Cost
Vaginal delivery	\$	2,912.00
Caesarean Section Flat Fee	\$	5,784.00
Fetal Monitoring During Labor	\$	798.00
Bladder indwelling catheter insertion	\$	202.00
Labor/hourly fee	\$	359.00
Recovery Room Per Hr	\$	466.00

If you received services at UH St. John 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.