Procedure Pricing Beachwood Medical Center

In compliance with state law, UH Beachwood 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
Stepdown	\$	4,055.00
		COST
RADIOLOGY		COST
Prices for common radiological procedures are:	ć	400.00
X RAY OF ANKLE 3 OR MORE VIEWS	\$	489.00
X RAY OF KNEE 4 OR MORE VIEWS	Ş	627.00
X RAY OF LOWER AND SACRAL SPINE 2 OR 3 VIEWS	Ş	541.00
X-RAY CHEST 1 VIEW	Ş	361.00
X-RAY CHEST 2 VIEWS	Ş	451.00
XRAY OF ABDOMEN KUB	Ş	350.00
XRAY OF FOOT 3 OR MORE VIEWS	Ş	517.00
XRAY OF HAND 3 OR MORE VIEWS	Ş	532.00
XRAY OF HIP WITH PELVIS 2 - 3 VIEWS	Ş	538.00
XRAY OF SHOULDER 2 OR MORE VIEWS	Ş	568.00
XRAY OF WRIST MIN 3 VIEWS	\$	568.00
CT CHEST WITH CONTRAST	\$	2,154.00
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 WO 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
MRI ANY JOINT OF UPPER EXTREMITY	\$	2,622.00
MRI SCAN BRAIN W/O CONTRAST	\$	2,565.00
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
ULTRASOUND SCAN OF LOWER EXTREMITY	\$	1,233.00
US SCAN OF BLOOD FLOW ON BOTH SIDES OF THE HEAD AND NECK (OUTSIDE	THE \$	1,611.00

LABORATORY COST Prices for common laboratory procedures are: ROUTINE VENIPUNCTURE \$ 28.00 COMPRETE CBC AUTOMATED \$ 112.00 COMPRETE CBC AUTOMATED \$ 129.00 COMPRETE CBC WAUTO DIFF WBC \$ 129.00 METABOLIC PANEL \$ 244.00 COMPRETE CBC WAUTO DIFF WBC \$ 129.00 METABOLIC PANEL TOTAL CA \$ 29.00 ASSAY OF TROPONIN QUANT \$ 165.00 ASSAY OF TROPONIN QUANT \$ 165.00 ASSAY OF TROPONIN QUANT \$ 165.00 ASSAY OF MAGNESIUM \$ 99.00 ASSAY OF MAGNESIUM \$ 100.00 PROTHROMBIN TIME \$ 100.00 SARS-COV-2 COVID 9 AMP PRB \$ 156.00 RENAL FUNCTION PANEL \$ 232.00 URINALYSIS AUTO W/SCOPE \$ 152.00 REAGENT STRIP/BLODG GLUCOSE \$ 29.00 TISSUE EXAM BY PATHOLOGIST \$ 408.00 URINALYSIS AUTO W/O SCOPE \$ 17.00 SARY OF CALCUM \$ 125.00 ASSAY OF CALCUM \$ 125.00 ASSAY OF CALCUM \$ 125.00 ASSAY OF CALCUM \$ 125.00<			
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	OR LEVEL 2 - Per Min Rate	Ş	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
THERAPY SERVICES		COST
Prices for the most common physical therapy services are:		
Gait training therapy ea 15min	Ś	171.00
Manual therapy ea 15min	Ś	171.00
Neuromuscular re ed ea 15 min in PT	\$ \$ \$ \$ \$ \$	172.00
PT Evaluation: low complexity	Ś	249.00
PT Evaluation: moderate complexity	¢ ¢	249.00
Therapeutic activities ea 15min	ې د	193.00
	Ş	195.00
OCCUPATIONAL THERAPY		COST
Prices for the most common occupational therapy services are:		
OCCUPATIONAL THERAPY EVALUATION LOW COMPLEXITY 30 MIN	Ś	366.00
SELF CARE HOME MANAGEMENT TRAINING EA 15 MIN	\$ \$	171.00
	Ŷ	1, 100
PULMONARY THERAPY		COST
Prices for the most common pulmonary therapy procedures are:		
AEROSOL TREATMENT	\$	245.00
SUBSEQUENT AEROSOL TREATMENT		245.00
BLOOD GAS	\$ \$ \$ \$	308.00
DEMO AND EVAL OF PATIENT USE OF INHALER	Ś	242.00
PULSE OX	¢ ¢	187.00
ARTERIAL PUNCTURE	¢ ¢	144.00
	ې	144.00

If you received services at UH Beachwood 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.