

Procedure Pricing Parma Medical Center

In compliance with state law, UH Parma 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	\$ 1,849.00
Semi Private OB/GYN Room Rate	\$ 2,244.00
Semi Private Rehab Room Rate	\$ 1,849.00
ICU Stepdown / Telemetry Room Rate	\$ 2,768.00
ICU Room Rate	\$ 3,899.00

RADIOLOGY	COST
<i>Prices for common radiological procedures are:</i>	
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 1 VIEW	\$ 350.00
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
XRAY OF WRIST MIN 3 VIEWS	\$ 568.00
XRAY CHEST WITH FLUORO	\$ 896.00
CT SCAN HEAD OR BRAIN W/O CONTRAST	\$ 1,550.00
CT SCAN OF ABDOMEN AND PELVIS WITH CONTRAST	\$ 2,319.00
CT SCAN OF ABDOMEN AND PELVIS WO CONTRAST	\$ 2,109.00
CT SCAN OF CHEST, DIAGNOSTIC, WITH CONTRAST	\$ 2,154.00
CT SCAN LUMBAR SPINE WITHOUT CONTRAST	\$ 2,138.00
MRI ANY JOINT OF UPPER EXTREMITY W/O CONTRAST	\$ 3,240.00
MRI SCAN BRAIN W/O CONTRAST	\$ 2,891.00
TRANSVAGINAL ULTRASOUND NON OBSTETRICAL	\$ 1,082.00
ULTRASOUND BREAST LIMITED	\$ 589.00
SCREENING DIGITAL BREAST TOMO BILATERAL	\$ 101.00
DIGITAL SCREENING MAMMOGRAPHY WITH CAD	\$ 628.00
DEXA BONE DENSITY AXIAL	\$ 595.00

LABORATORY	COST
<i>Prices for common laboratory procedures are:</i>	
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

OPERATING ROOM SERVICES

COST

The prices for OR services are as follows:

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

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

GAIT TRAINING THERAPY EA 15 MIN	\$	171.00
MANUAL THERAPY EA 15 MIN	\$	171.00
NEUROMUSCULAR REEDUCATION	\$	171.00
PT EVALUATION: LOW COMPLEXITY	\$	294.00
PT EVALUATION: MODERATE COMPLEXITY	\$	294.00
THERAPEUTIC ACTIVITIES EA 15 MINS	\$	193.00

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

OCCUPATIONAL THERAPY EVALUATION LOW/MODERATE/HIGH	\$	366.00
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PULMONARY THERAPY	COST
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Prices for the most common pulmonary therapy procedures are:

AEROSOL TREATMENT	\$	242.00
VENTILATION ASSIST EA DAY	\$	1,404.00
AIRWAY CLEARANCE SUBSEQUENT	\$	267.00
AEROSOL DEMO/EVAL INCLUDING INITIAL TREATMENT	\$	242.00
PULSE OX	\$	187.00
ARTERIAL PUNCTURE	\$	170.00

All charges are subject to change without notice.

Patients may have additional charges depending on the service performed.

These charges do not include fees for the services of hospital based anesthesiologist, radiologist, pathologist, and emergency room physicians.

If you received services at UH Parma 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.