Upper Valley Medical Center

2016 Pricing Disclosure

Pursuant to section 3727.12 of the Ohio revised Code, the public is entitled, upon request, to a list of the usual and customary charges for Room and Board, the usual and customary charges for a selected number of X-ray, Laboratory, Emergency Room, Operating Room, Delivery Room, Physical Therapy, Occupational Therapy, and Respiratory Care Services. This list is not intended to be all-inclusive.

Emergency Room	Price
ER Level 1 - Emergency	$ 278.00
ER Level 2 - Emergency	$ 535.00
ER Level 3 - Emergency	$ 895.00
ER Level 4 - Emergency	$ 1,805.00
ER Level 5 - Emergency	$ 2,780.00
ER Procedure Level 1	$ 195.00
ER Procedure Level 2	$ 368.00
ER Procedure Level 3	$ 538.00
ER Procedure Level 4	$ 866.00
ER Procedure Level 5	$ 1,000.00
ER Procedure Level 6	$ 1,250.00
ER Procedure Level 7	$ 1,500.00

Lab Charges	Price
Basic Metabolic Panel 2000	$ 79.84
Creatinine	$ 42.52
CBC W/Differential	$ 64.54
Prothrombin Time	$ 32.64
Magnesium	$ 47.89
Sedimentation Rate	$ 29.40
Phosphorous	$ 39.35
Renal Function	$ 82.74
CPK	$ 54.05
Comp Metabolic Panel	$ 114.96
Lipid Panel	$ 105.59
Blood Gas	$ 70.21
Hepatic Function Panel	$ 52.46
Hemoglobin	$ 19.70
Potassium	$ 38.19
Hematocrit	$ 19.70
CKMB Fraction	$ 75.52
Bilirubin Total	$ 33.49
Bilirubin Direct	$ 33.49
Thyroid Stimulating Hormone	$ 139.51
T4 Free	$ 74.85
T3 Total	$ 117.67

Labor and Delivery Services	Prices
Labor Bed	$ 2,518.00
Nursery Bed	$ 1,777.00
Delivery	$ 8,000.00
C-section	$ 11,000.00

Important note about these charges

Hospital charges do not include supply charges or professional fees. For information regarding Emergency Room, Anesthesiology, Radiology, or Pathology fees, please contact:

Radiology
Medical Imaging Physicians
(877) 647-9729

Emergency
Premier Healthcare Services, Inc.
(937) 440-4600

Anesthesia
Valley Anesthesia, Inc.
(800) 351-1288

Pathology
Valley Pathologists, Inc.
(800) 554-2695

Physical & Occupational Therapy	Prices
Fluidotherapy	$ 85.00
Electrical Stimulation-Unattended - PT	$ 85.00
Exercise PT ea. 15 Min.	$ 125.00
Gait Training PT 15 Min.	$ 110.00
Manual Therapy ea. 15 Min. OT	$ 125.00
Neuromuscular Re-Ed 15 Min.	$ 125.00
PT/OT Evaluation 1	$ 125.00
PT/OT Evaluation 2	$ 250.00
PT/OT Evaluation 3	$ 375.00
PT/OT Evaluation 4	$ 500.00
Ultrasound per 15 Min.	$ 99.00

Radiology Services	Prices
Abdomen Single view	$ 250.00
Abdominal Series Complete	$ 345.00
Bilateral Diagnostic Mammogram w/ computer aided detection	$ 285.00
Bilateral Screening Mammogram w/ computer aided detection	$ 210.00
Bone Density (dexa) scan	$ 608.00
Echocardiogram	$ 2,286.00
Cardiac stress test - Cont. EKG	$ 1,080.00
CT Abdomen w/o contrast	$ 1,981.00
CT Cervical w/ot contrast	$ 1,811.00
CT Chest w/o contrast	$ 1,763.00
CT Head w/o contrast	$ 1,518.00
CT Lumbar w/o contrast	$ 1,811.00
CT Pelvis w/ contrast	$ 1,811.00
CT Abdomen w/ contrast	$ 2,036.00
MRI Spine Lumbar w/o contrast	$ 2,559.00
MRI Brain with and w/o contrast	$ 3,884.00
US Abdomen complete	$ 1,033.00
US Breast bilateral	$ 620.00
Xray-Ankle 2 views, unilateral	$ 359.00
Xray-Chest posterior/anterior/lateral	$ 334.00
Xray-Chest single	$ 292.00
Xray-Hand minimum 3 views - unilateral	$ 275.00
Xray-Knee 1 or 2 views - unilateral	$ 365.00
Xray-Spine, lumbar, 2 or 3 views	$ 484.00

** Please note: For all Radiology procedures, a radiologist will bill professional fees seperately for the test reading and writing of report. Contrast charges are aditional.*

Respiratory	Price
Co Membrane Diffuse Capacity	$ 544.00
Ban Treatment Initial	$ 130.00
Ban Treatment Subsequent	$ 75.00
Bronchodilation Response,Spirometry,Pre And Post	$ 300.00
Oximeter Single Determination	$ 98.00

The hospital bill you receive may be different than the estimated charges listed here.

The estimates provided are an approximation of the total charges for a specific type of stay at Upper Valley Medical Center (UVMC). They are not a legally binding quote of charges for services to be rendered. Your actual charges could be more or less than these estimates, based on the specific factors of your case. Some of these factors include:

- The need for additional testing, medications, services, or procedures ordered during your care.
- The procedure planned may not be the procedure performed based on your physician's assessment.
- Pre-existing health factors such as obesity, diabetes, and smoking may impact your medical needs.
- If you are insured, the type of insurance you have, and your deductibles or out-of-pocket limits will determine your final bill from UVMC. To get the most accurate information, contact your insurance company to understand what you may owe for a test or procedure.

If you have questions about a procedure that is not listed or need additional information, please call the Procedure Price Line at (937) 499-8894. A representative is available to help you from 7:00 am – 7:00 pm Monday through Thursday and 7:00 am – 5:30 pm Friday.

Daily Room and Bed Charges	Price
Med/Surg Bed	$ 2,442.00
ICU Room	$ 4,827.00
Behavioral Health Bed	$ 3,167.00
Rehab Bed	$ 2,442.00

Surgery	Prices
OR Procedure Level 1 *includes initial 30 minutes*	$ 2,250.00
OR Procedure Level 2 *includes initial 30 minutes*	$ 3,750.00
OR Procedure Level 3 *includes initial 30 minutes*	$ 5,785.00
OR Procedure Level 4 *includes initial 30 minutes*	$ 8,500.00
OR Procedure Level 5 *includes initial 30 minutes*	$ 15,000.00
Level 1 per Min.	$ 70.00
Level 2 per Min.	$ 95.00
Level 3 per Min.	$ 125.00
Level 4 per Min.	$ 175.00
Level 5 per Min.	$ 220.00
Anesthesia Level 1	$ 400.00
Anesthesia Level 2	$ 550.00
Anesthesia Level 3	$ 1,100.00
Anesthesia Level 4	$ 2,250.00
Anesthesia Level 5	$ 3,500.00
Recovery Room First Hours	$ 1,005.00
Recover Room ea. Add'l 15 Min.	$ 168.00