

## Hospital Services Pricing

In compliance with state law, Knox Community Hospital 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. To obtain pricing information for services not listed below, please contact our Chargemaster Coordinator at 740.393.9636.

These prices are correct as of January 1, 2011.

Charges for physician, radiologist, pathologist, and anesthesiologist services are not included in the prices below.

### Room and Board – Per Day Charges

Intensive Care Unit	\$ 1,704.00
Progressive Care Unit	\$ 1,176.00
Routine Nursery	\$ 867.00
Routine Care	\$ 624.00

### Labor & Delivery Charges

The following list does not include charges for anesthesia, drugs, or supplies required for a particular delivery room procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.

Cesarean Section Delivery	\$ 4,277.00
Circumcision (newborn)	\$ 227.00
Fetal Monitor	\$ 139.00
Fetal Non-Stress Test	\$ 131.00
Normal Vaginal Delivery	\$ 1,066.00

### Emergency Department Charges

Emergency Department charges are based on the level of emergency care provided to our patients. The levels, with level 1 representing basic emergency care, reflect the type of accommodations needed, the personnel resources, the intensity of care and the amount of time needed to provide treatment. The following charges do not include fees for drugs, supplies or additional ancillary procedures that may be required for a particular emergency treatment. They also do not include fees for Emergency Department physicians, who will bill separately for their services.

### Emergency Department Charges continued...

Level 1	\$ 115.00
Level 2	\$ 170.00
Level 3	\$ 260.00
Level 4	\$ 375.00
Level 5	\$ 530.00
Critical Care 1-74 Minutes	\$ 881.00

### Operating Room Charges

Surgery prices are based upon one primary procedure. Below is a list of the most common surgeries by specialty group. The following list does not include charges for anesthesia, drugs, or supplies required for a particular procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.

#### Endoscopy

Flexible Colonoscopy	\$ 1,087.00
Gallbladder, Removal by Laparoscope	\$ 5,406.00

#### Ear/Nose/Throat

Ear Tubes (one side) Tympanostomy	\$ 1,896.76
Repair of nasal septum (Septoplasty)	\$ 2,990.00

#### General/Other

Appendix, Removal by laparoscope	\$ 5,406.00
Critical Care 1-74 Minutes	\$ 3,448.00

#### Urology

Vasectomy	\$ 2,832.00
Vasectomy Reversal	\$ 3,000.00

#### GYN

D&C (Dilatation and curettage)	\$ 2,520.00
Non OB Total abdominal hysterectomy	\$ 4,139.00

#### Orthopedics

Arthroscopic knee	\$ 3,544.00
Open Carpel Tunnel Release	\$ 2,124.00

### Physical Therapy Charges

The following charges reflect the most common services offered by our Physical Therapy department. Patients may have additional charges, depending on the services and or supplies that are used.

Aquatic Therapy-pool	\$ 76.00
Manual Therapy	\$ 68.00
Physical Therapy Evaluation	\$ 168.00
Therapeutic Activities	\$ 80.00
Therapeutic Neurologic Re-education	\$ 67.00
Work Conditioning	\$ 130.00

**Occupational Therapy Charges**

The following charges reflect the most common services offered by our Occupational Therapy department. Patients may have additional charges, depending on the services and/or supplies that are used.

Occupational Therapy Evaluation	\$ 165.00
OT Activities of Daily Living	\$ 68.00
OT Manual Therapy	\$ 68.00
OT Neurological Re-education	\$ 67.00
OT Paraffin Bath	\$ 60.00
OT Therapeutic Exercise	\$ 80.00

**Pulmonary Therapy Charges**

The following charges reflect the most common services offered by our Pulmonary Therapy department. Patients may have additional charges, depending on the services performed.

Arterial Blood Gas	\$ 135.00
Breathing Treatment	\$ 51.00
EKG	\$ 109.00
PFT Study-Pulmonary Function Test	\$ 224.00
Polysomnogram	\$ 2,448.00

**X-Rays and Radiological Charges**

The following charges reflect the hospital's 30 most common x-ray and radiological procedures. The following list does not include charges for drugs. Additionally, there may be charges for supplies specific to your treatment. Fees for the radiologist readings are also not reflected, and will be billed separately.

Abdomen	\$ 195.00
Abdominal Series	\$ 355.00
Ankle	\$ 265.00
Cervical Spine	\$ 230.00
Chest-1 view	\$ 195.00
Chest-2 views	\$ 230.00
Elbow	\$ 245.00
Foot	\$ 255.00
Hand	\$ 250.00
Hip	\$ 235.00
Humerus	\$ 215.00
Knee	\$ 235.00
Lumbar Spine	\$ 335.00
Pelvis	\$ 210.00
Sacrum	\$ 230.00
Shoulder	\$ 260.00

**CAT Scans**

CT Abdomen (with & without contrast)	\$ 1,885.00
CT Abdomen (without contrast)	\$ 1,305.00
CT Chest (with contrast)	\$ 1,570.00
CT Head (without contrast)	\$ 1,230.00
CT Head (with & without contrast)	\$ 1,510.00
CT Pelvis (with contrast)	\$ 1,575.00
CT Pelvis (without contrast)	\$ 1,380.00
CT Sinuses	\$ 1,080.00

**Nuclear Medicine**

Cardiolite Stress Test (Total Facility Charge)	\$ 5,000.00
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**Ultrasound**

Ultrasound Pelvis	\$ 560.00
Ultrasound Right Upper Quadrant	\$ 550.00

**MRI**

MRI Lumbar spine (without contrast)	\$ 2,355.00
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**Other**

DEXA (Bone Density Scan)	\$ 500.00
Mammogram (both sides) Analog	\$ 225.00
Mammogram (both sides) Digital	\$ 262.00
Screening Mammogram - Analog	\$ 85.00
Screening Mammogram - Digital	\$ 173.00

**Laboratory Charges**

The following charges reflect the hospital's 30 most common laboratory procedures. These prices are based on specimens drawn in our facility or by our staff. \* Please be informed that blood tests will have one additional charge of \$14.00 per visit for the blood collection.

A1C- Glycated Hemoglobin	\$ 60.00
Amylase*	\$ 43.00
APTT-Activated Pro-Thrombin time	\$ 47.00
B12*	\$ 56.00
Blood Culture*	\$ 105.00
BMP-Basic metabolic panel	\$ 125.00
BNP-Brain Natriuretic Peptide	\$ 140.00
CBC-Complete blood count	\$ 62.00
CMP-Comprehensive metabolic panel	\$ 170.00
CRP-C-Reactive Protein	\$ 92.00
Creatinine*	\$ 35.00
D Dimer*	\$ 116.00
Electrolyte panel*	\$ 96.00
ESR* - Sedimentation rate	\$ 36.00
Free T4*	\$ 108.00
Glucose*	\$ 33.00

**Laboratory Charges continued...**

HCG* – (Blood)	\$ 89.00	Rapid Strep	\$ 45.00
HFP* – Liver function panel	\$ 96.00	Thera PT* – Pro Time (Coumadin level)	\$ 30.00
Lipid Panel*	\$ 100.00	Thyroxine*	\$ 54.00
Lipase*	\$ 51.00	Troponin I*	\$ 78.00
Myoglobin*	\$ 96.00	TSH* – Thyroid Stimulating Hormone	\$ 109.00
Pro Time*	\$ 30.00	Urinalysis (complete)	\$ 49.00
PSA* – Prostatic Acid Phosphatase (Screening)	\$ 92.00	Urine culture (if positive test, additional charges may apply)	\$ 63.00

**Hospital Billing Policies**

Knox Community Hospital has a trained staff of professionals here to help you with your billing and collection needs. After receiving your services at Knox Community Hospital, a summary of charges will be sent to your home indicating the insurance company that will be billed. As a courtesy to our patients, Knox Community Hospital submits claims to all applicable insurances provided at the time of registration.

Once all applicable insurances have paid their obligated portion, Knox Community Hospital will send a statement to the listed responsible party. If you are unable to pay the amount due, please call one of our customer service representatives immediately to make other arrangements. You can contact a customer service representative by calling 1.866.576.1236 between the hours 8:00 am to 9:00 pm Monday thru Friday and 9:00 am to 1:00 pm on Saturday. Knox Community Hospital payment plans are interest free and have no service fees.

Alternate payment options and financial aid are available to qualified uninsured and underinsured patients. Financial assistance applications can be found on the back of your statement, obtained by contacting a customer service representative at the above phone numbers, and are also available on our website, [www.KnoxCommHosp.org](http://www.KnoxCommHosp.org). If you have questions concerning the financial assistance program, please contact a financial counselor at 740.393.9630.

We invite you to share your comments and concerns with us by submitting them to:

Patient Financial Services  
 Customer Relations  
 1330 Coshocton Road  
 Mount Vernon, Ohio 43050

Consumers can access a number of government and private websites, which provide additional information on hospitals' charges and quality. For a complete listing of available online resources, please visit the Consumer's Guide to Quality Health Care in Ohio at [www.ohanet.org](http://www.ohanet.org).