



In compliance with state law, Northside Medical Center/Trumbull Memorial Hospital/Hillside Rehabilitation Hospital affiliates of ValleyCare Health System of Ohio, is providing this price list containing our charges for room and board, emergency department, operation 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 Patient Financial Counselors in our admitting/registration area to determine whether they qualify for discounts. These charges are correct as of **01/01/2016** and rounded to the nearest dollar.

Room and Board – Per Day Charges

	Current Costs
Medical - Surgical	
MED/SURG – SEMI PRIVATE	\$1,400.00
MED/SURG – TELEMETRY SEMI PRIVATE	\$2,936.00
Observation Status	
MED/SURG – OBSERVATION – PER HOUR	\$140.00
TELEMETRY – OBSERVATION – PER HOUR	\$140.00
Intensive Care	
ICU – ACUTE	\$6,270.00
Adult/Geriatric Psychiatric	
ADULT MENTAL HEALTH – SEMI PRIVATE	\$2,006.00
GERO PSYCH – SEMI PRIVATE	\$2,006.00
Rehabilitation	
REHAB – SEMI PRIVATE	\$1,455.00

***This charge is for Room & Board only.
 Additional services may include Physical, Occupational and Speech Therapy
 and Evaluation charges.
 Please see those charges listed below.*

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 the Emergency Department physicians, who will bill separately for their services.

TRIAGE ONLY	\$170.00
EMERGENCY VISIT LEVEL 1	\$335.00
EMERGENCY VISIT LEVEL 2	\$599.00
EMERGENCY VISIT LEVEL 3	\$952.00
EMERGENCY VISIT LEVEL 4	\$1,497.00
EMERGENCY VISIT LEVEL 5	\$2,028.00
CRITICAL CARE VISIT	\$6,344.00
ED SIMPLE PROCEDURE	\$308.00

Operating Room Charges

OR SIMPLE LEVEL PER MINUTE	\$71.00
OR MINOR LEVEL PER MINUTE	\$102.00
OR INTERMEDIATE LEVEL PER MINUTE	\$147.00
OR MAJOR LEVEL PER MINUTE	\$164.00

Physical Therapy Charges

PT MASSAGE – 15 MINUTES	\$188.00
PT EVALUATION	\$498.00
PT RE-EVALUATION	\$283.00
PT WHIRLPOOL TREATMENT	\$260.00
PT ULTRASOUND – 15 MINUTES	\$189.00
PT GAIT TRAINING/STAIRS – 15 MINUTES	\$212.00
PT ELECTRICAL STIMULATION – MANUAL 15 MINUTES	\$271.00
PT HOT-COLD PACKS THERAPY	\$43.00

Occupational Therapy Charges

OT EVALUATION	\$498.00
OT RE-EVALUATION	\$283.00
OT SELF-MANAGEMENT – 15 MINUTES	\$225.00
OT MANUAL THERAPY – 15 MINUTES	\$212.00

Speech Therapy Charges

SPEECH/VOICE EVALUATION	\$542.00
BEDSIDE SWALLOW EVALUATION	\$610.00
SWALLOW EVALUATION WITH RADIOPAQUE	\$1,140.00
SPEECH SWALLOW THERAPY	\$256.00

Pulmonary Therapy Charges

VENT MANAGEMENT INITIAL DAY	\$2,092.00
VENT MANAGEMENT SUBSEQUENT DAYS	\$1,748.00
INHALATION TREATMENT INITIAL	\$270.00
INHALATION TREATMENT SUBSEQUENT	\$270.00
PULMONARY REHAB WITH EXERCISE PER SESSION	\$151.00

X-Ray and Radiological Charges

BR – MAMMOGRAM SCREENING BILATERAL	\$455.00
BR – MAMMOGRAM DIAGNOSTIC BILATERAL	\$733.00
MRI – BRAIN WWO CONTRAST	\$7,300.00
MRI – L SPINE W/O CONTRAST	\$5,836.00
MRI – C SPINE W/O CONTRAST	\$5,836.00
CT – HEAD/BRAIN W/O CONTRAST	\$2,701.00
CT – HEAD/BRAIN W CONTRAST	\$3,407.00
CT – C SPINE W/O CONTRAST	\$2,788.00
CT – C SPINE W CONTRAST	\$3,050.00
CT – PELVIS W/O CONTRAST	\$2,868.00
CT – PELVIS W CONTRAST	\$3,050.00
CT – PELVIS WWO CONTRAST	\$3,838.00
CT – ABDOMEN W/O CONTRAST	\$2,807.00
CT – ABDOMEN W CONTRAST	\$3,022.00
CT – ABDOMEN & PELVIS W/O CONTRAST	\$5,675.00
XR – IVP	\$911.00
XR – CHEST W OBLIQUES	\$949.00
XR – CHEST PA & LATERAL	\$545.00
XR – KNEE 1 VIEW	\$387.00
XR – ANKLE 1 VIEW	\$300.00
XR – FOOT 1 VIEW	\$352.00
XR – T SPINE > 4 VIEWS	\$797.00
BD – DEXA BONE SCAN	\$909.00
US – ABDOMEN LIMITED	\$1,175.00
US – ABDOMEN COMPLETE	\$1,195.00
US – PELVIS NON-OB COMPLETE	\$1,333.00
US – PREGNANCY COMPLETE	\$1,191.00
US – TRANSVAGINAL	\$1,340.00
US – DUPLEX CAROTID ARTERIES	\$2,972.00

US – STRESS ECHO	\$2,497.00
Laboratory Charges	
ABO TYPE	\$173.00
AEROBIC ORGANISM ID	\$85.00
ANTIBODY SCREEN EACH	\$197.00
AMYLASE	\$144.00
BASIC METABOLIC PANEL	\$219.00
CBC PLATELET AUTO DIFF	\$327.00
CBC PLATELET NO DIFF	\$206.00
COMPREHENSIVE METABOLIC PANEL	\$351.00
CREATINE KINASE (CK)	\$86.00
CREATINE KINASE (MB)	\$250.00
CROSSMATCH	\$157.00
CULTURE BLOOD	\$246.00
CULTURE URINE	\$41.00
ELECTROLYTE PANEL	\$260.00
HEMATOCRIT	\$51.00
HEMOGLOBIN	\$51.00
HEMOGLOBIN A-1C	\$153.00
HEPATIC PANEL	\$347.00
IRON	\$87.00
LIPASE	\$193.00
LIPID PANEL	\$184.00
MAGNESIUM	\$152.00
NATRIURETIC PEPTIDE (BNP)	\$234.00
PROTIME	\$139.00
PTT	\$155.00
RH TYPE	\$174.00
SEDIMENTATION RATE	\$119.00
TROPONIN QUAL	\$304.00
TSH	\$263.00
U/A WO MICRO AUTOMATED	\$83.00

We want to make sure that you receive the full benefits of your insurance coverage as well as consideration under our financial assistance programs, if applicable. Before we bill you, we bill your insurance provider, including Medicare and Medicaid, and any secondary insurance providers. We do not charge interest on any balance due after insurance payments are received. We will send an easy-to-understand billing statement showing the most current balance owed by your insurance provider as well as any balance due from you. If you are not able to pay the amount you owe in full, you may contact us regarding applying for financial assistance or being set up on a payment plan. To ensure proper billing of your claim, please provide all insurance information when you register at our facility.

Emergency service will never be delayed or withheld on the basis of a patient's ability to pay. 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 Care in Ohio at www.ohanet.org/portal.

Thank you for choosing our facility as your health care provider.