

# ST. LUKE'S HOSPITAL

## 2016 PRICE LIST

Please note that the hospital prices listed here do not include doctor's fees. Physicians bill their charges separately. Contact information is listed below for some of the commonly billed physician charges associated with hospital services. For any questions about the information listed here please call 419-824-9015.

**For more information, please contact the following:**

Southwest Anesthesia Services, Inc	419-897-8370
Medical Emergency Treatment Corporation (METCO)	419-893-5968
Associated Pathologists	800-383-1656
Consulting Radiologists Corporation	419-473-8100
Hospitalists Management Group	330-493-4443

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### ROOM RATES

Medical/Surgical, Semiprivate	\$1,342
Private Room	\$1,342

### INTENSIVE CARE CENTER

Level 1	\$2,853
Level 2	\$1,891
Cardiac Care	\$1,891

### CARDIOVASCULAR UNIT

Level 1	\$7,519
Level 2	\$2,853

### OBSTETRICS

LDRP	\$1,748
Nursery	\$1,342

### EMERGENCY

Level 1	\$151
Level 2	\$282
Level 3	\$496
Level 4	\$835
Level 5	\$1,232
Critical Care, 30 to 74 minutes	\$1,971

### SURGERY

General/MAC Anesthesia, first 15 minutes	\$2,759
additional 15 minutes	\$1,379
Moderate Sedation, first 15 minutes	\$1,656
additional 15 minutes	\$827
Local Anesthesia, first 15 minutes	\$1,103
additional 15 minutes	\$552
Open Heart, first 15 minutes	\$4,138
additional 15 minutes	\$2,069

### OB DELIVERY

Vaginal Delivery	\$3,441
Cesarean Section	\$5,280
Labor Room, up to 4 hours	\$1,144
4 to 12 hours	\$1,585
More than 12 hours	\$2,034

### CARDIOLOGY

EKG	\$228
Echocardiography, Complete without Contrast	\$1,317

### OTHER SERVICES

Medical Nutrition Therapy, each 15 minutes	\$56
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### PET SCAN

Skull to Thigh	\$5,133
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### RADIOLOGY

Chest, 1 view	\$199
Chest, 2 views	\$255
Mammography Screening, Bilateral	\$225
Mammography Screening, CAD	\$58
Lumbar Spine, 2 to 3 views	\$308
Bone Density/DEXA Scan	\$429

### CT SCAN

Abdomen and Pelvis with Contrast	\$2,535
Abdomen and Pelvis without Contrast	\$2,095
Brain without Contrast	\$995
Cervical Spine without Contrast	\$1,969

### MRI

Lumbar Spine without Contrast	\$2,289
Brain without Contrast	\$2,289

### ULTRASOUND

Abdomen, Single Organ	\$786
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### RESPIRATORY THERAPY

Blood Gas, Arterial	\$79
Inhalation Treatment	\$235
Pulse Oximetry	\$52
Percussion/Vibration	\$255
Arterial Puncture	\$52
Ventilator, Subsequent Day	\$1,318

### PHYSICAL/OCCUPATIONAL THERAPY

Therapeutic Exercise, each 15 minutes	\$102
Manual Therapy, each 15 minutes	\$120
Cardiac Rehab with EKG, per session	\$132
Gait Training	\$101
Physical Therapy Evaluation	\$238
Therapeutic Activity, each 15 minutes	\$107
Electric Stimulation, Unattended, each 15 minutes	\$65
Occupational Therapy Evaluation, up to 30 minutes	\$246
PT Ultrasound, each 15 minutes	\$87

### LABORATORY

Allergen-specific IgE	\$21
ALT	\$22
Amylase	\$26
Antibody Screen	\$78
AST	\$21
Blood Draw (Venipuncture)	\$9
Blood Smear	\$14
Blood Type, ABO	\$152
Blood Type, RH	\$152
BUN	\$16
C-reactive Protein	\$21
Calcium	\$56
CBC with Automated Differential	\$32
CBC without Differential	\$26

Cell Marker, Additional	\$80
Chemistry Panel, Basic	\$30
Chemistry Panel, Comprehensive	\$43
CPK, MB Fraction	\$37
CPK, Total	\$27
Creatinine	\$21
Creatinine, Other Source	\$21
Crossmatch Spin	\$375
Culture, CSF	\$35
Culture, Aerobic	\$33
Culture, Screening	\$27
Culture, Blood	\$42
Derm Immunohistochemistry EA AB	\$485
Electrolytes	\$18
Glucose	\$16

Gram Stain	\$17
GYN, Automated Diagnostic	\$93
Hematocrit	\$10
Hemoglobin A1C	\$40
Hepatic Function/Liver Panel	\$26
Immunocytochemistry EA AB	\$485
Iron	\$26
Iron Binding	\$36
Lactic Acid	\$44
Lipase	\$28
Lipid Profile	\$52
Magnesium	\$24
Natriuretic Peptide	\$139
Phosphorus	\$19
Platelet Count	\$18

Potassium	\$19
Protime (INR)	\$16
PSA	\$75
PTT (APTT)	\$25
Sed Rate, Automated	\$11
Surgical Path Level IV	\$416
T4 Free	\$37
Troponin	\$40
TSH	\$69
Urinalysis	\$9
Urinalysis, Automated with Microscopy	\$13
Urine, Culture	\$33
Urine, Pregnancy	\$26
Vitamin B-12	\$62
Vitamin D	\$121