



Patient Price Information List

In compliance with state law, Mary Rutan 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. These prices are correct as of January 1, 2020.

Room and Board - Per Day Charges

Procedure	Description	Charges
120003	Semi Private Medical/Surgical - 3West	\$ 1,359
130003	Semi Private Medical/Surgical - 4West	\$ 1,359
150003	Semi Private OB	\$ 1,421
160006	Nursery - Bassinet	\$ 1,099
170009	ICCU	\$ 2,729

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.

Procedure	Description	Charges
120335	Transcutaneous Bilirubin	\$ 65
150003	Semi Private OB	\$ 1,421
160006	Bassinet Nurs	\$ 1,099
1201180	C-Section Room ea Add 15	\$ 1,040
1201349	IV Hydration EA Add HR	\$ 101
1201530	Non Stress Test	\$ 215
1201650	PKU	\$ 149
1201841	Established Clinic Level IV	\$ 193
6550000003	Observ EA Add HR FBC Mod 1st Day	\$ 59

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.

Procedure	Description	Charges
3102003	Level I Services	\$ 267
3102001	Level II Services	\$ 483
3102014	Level III Services	\$ 871
3102015	Level IV Services	\$ 1,306
3102018	Level Critical Care	\$ 2,700

These fees do not include fees for Emergency Department physicians who will bill separately for their services. This information can be obtained from Team Health.

Operating Room Charges

*Operating Room charges are based on the complexity level, with level 2 being the most basic, for a particular operation
There is an initial, set-up charge as well as an additional charge for each 15 minutes while the operation is being performed.*

Procedure	Description	Charges
1850001	Emergency Surgery OR	\$ 1,552
1870103	Surgery Level 2 1st 30	\$ 4,662
1870104	Surgery Level 2 Add'l 15	\$ 1,867
1870105	Surgery Level 3 1st 30	\$ 7,314
1870106	Surgery Level 3 Add'l 15	\$ 2,926
1870107	Surgery Level 4 1st 30	\$ 8,841
1870108	Surgery Level 4 Add'l 15	\$ 3,472
1870109	Surgery Level 5 1st 30	\$ 10,046
1870110	Surgery Level 5 Add'l 15	\$ 4,020

These fees do not include the fees for anesthesiologist.

Laboratory Charges

The following charges reflect the hospital's 30 most common laboratory procedures.

Procedure	Description	Charges
4003025	Creatinine	\$ 55
4003041	Lactic Acid	\$ 115
4003045	Lipase	\$ 93
4003047	Magnesium	\$ 69
4003078	Lipid Profile	\$ 151
4003107	Comprehensive Metabolic Panel	\$ 254
4003109	Basic Metabolic Panel	\$ 136
4006022	Prothrombin Time	\$ 55
4006023	PTT	\$ 66
4006030	Venipuncture	\$ 29
4006032	CBC	\$ 93
4006050	Manual Differential	\$ 13
4009006	Culture Blood	\$ 127
4009013	Culture Throat	\$ 102
4009014	Culture Urine	\$ 96
4009022	Mic Profile	\$ 102
4009031	Organism Identification	\$ 139
4009043	Influenza A AG	\$ 112
4009044	Influenza B AG	\$ 112
4012012	HCG Urine	\$ 90
4012017	Urinalysis	\$ 44
4425032	Hemogram for Diff	\$ 81
4425035	25 OH Vitamin D	\$ 350
4429101	GC Genital by PCR	\$ 138
4429102	Chlamydia Genital by PCR	\$ 138
4618017	TSH	\$ 132
4618028	Hemoglobin A1C	\$ 115
4618034	Troponin	\$ 106
4618042	T4 Free	\$ 170
4618045	B-Type Natriuretic Peptid	\$ 245

Physical Therapy Charges

The following charges reflect the 10 most common services. Patients may have additional charges, depending on services performed.

Procedure	Description	Charges
7750003	Aquatic Exercise	\$ 221
7750009	Unattended Electrical Stimulation	\$ 138
7750012	Mechanical Traction	\$ 125
7750014	Vasopneumatic Device	\$ 125
7750020	Therapeutic Neuromuscular Reeducation	\$ 197
7750021	Therapeutic Exercises	\$ 191
7750023	Ultrasound	\$ 125
7750030	Therapeutic Activities	\$ 211
7750032	Manual Therapy	\$ 211
7780056	PT Eval Low Complex	\$ 406

Occupational Therapy Charges

The following charges reflect the 10 most common services. Patients may have additional charges, depending on services performed.

Procedure	Description	Charges
7830022	Wrist Cock-Up-PF	\$ 98
7850001	Therapy Activities	\$ 211
7850002	Self Care Home Mgm Training	\$ 199
7850010	Ultrasound OT	\$ 125
7850014	Vasopneumatic Device	\$ 125
7850032	Manual Therapy	\$ 211
7850035	Therapeutic Neuromuscular Reeducation	\$ 197
7850085	Therapeutic Exercises	\$ 191
7880004	OT Eval Mod Complex	\$ 435
7880007	OT Eval High Complex	\$ 474

Pulmonary Therapy Charges

The following charges reflect the 20 most common services. Patients may have additional charges, depending on services performed.

Procedure	Description	Charges
7401001	Arterial Blood Gas Kit	\$ 8
7401004	Aerosol Face Mask Adult	\$ 6
7401032	Nasal Cannula	\$ 6
7401035	Oxygen Connect Tube 14'	\$ 6
7450001	Blood Gases	\$ 264
7450002	Carboxy HGB	\$ 158
7450019	Oximetry Single Check	\$ 75
7450022	Oxygen Per Day	\$ 214
7450025	Oxygen Out PT	\$ 68
7450032	Oximetry Trending	\$ 121
7450037	Oxygen Emergency Room	\$ 68
7450047	Arterial Blood Withdraw	\$ 119
7450054	Aerosol TX Initial	\$ 151
7480003	PFT Diffusion	\$ 307
7480008	PFT Pre & Post BD	\$ 739
7480040	PFT Plethysmography	\$ 290
7499015	Oxygen Surgery	\$ 68
1872000001	Hemoglobin POC	\$ 15
7499002CH	Oxygen Connecting	\$ 6
7499021CH	O2 Connecting	\$ 6

X-Ray and Radiological Charges

The following charges reflect the Hospital's 30 most common x-ray and radiological procedures.

Procedure	Description	Charges
6050001	Abdomen AP Kub	\$ 510
6050006	Ankle Complete 3 Views	\$ 510
6050016	Chest 1 View	\$ 463
6050018	Chest 2 Views	\$ 510
6050036	Foot	\$ 510
6050038	Hand	\$ 510
6050044	Knee 4 or more Views	\$ 862
6050051	Lumbar Spine 2 View	\$ 563
6050088	Shoulder Min 2 Views XRay	\$ 510
6050117	Cervical Spine 2 View	\$ 510
6050135	Knee 2 or more Views	\$ 463
6054039	Dexa/Bone Density	\$ 803
6054179	Hip Unil w/Pelv 2-3 Views XRay	\$ 510
6054212	Unilat diag 3D	\$ 63
6054213	Bilat diag 3D	\$ 74
6054214	Bilat screen 3D	\$ 74
6150015	Head wo Contrast	\$ 1,157
6150023	Spine Cerv wo Contrast	\$ 1,722
6150029	Thorox wo Contrast	\$ 1,775
6150034	CT Maxofacial wo (Full SN)	\$ 1,894
6150069	CT Chest (PE)	\$ 2,488
6150093	CT Abd & Pelvis wo	\$ 3,158
6350027	Soft Tissue Neck (Thyroid)	\$ 867
6350038	Transvaginal Echography	\$ 867
6350043	Abdomen Lin Orga or Quadf	\$ 867
6350109	Unil Brst Sono Inc Axilla Ltd	\$ 462
6450012	MRI Lumbar wo	\$ 2,373
6450046	MRI Low Ext JT wo	\$ 2,373
1871200001	Bilat screen 2D	\$ 400
1871200003	Bilat diag 2D	\$ 497

The above charges do not include Radiologist fees. This information can be obtained from Bellefontaine Radiologist Associates.

Hospital Billing Policies

Mary Rutan Hospital is pleased to provide this information to assist you with our patient billing practices.

Mary Rutan Hospital is committed to providing "Progressive Quality Health Care with a Personal Touch." To ensure the success of this commitment, we must be financially responsible. We take a proactive approach to patient billing and collections with the goal of receiving payment for our services in the most effective, timely, and positive patient service manner possible.

We understand that billing and insurance matters for health care can be confusing.

To assist you in understanding the process and documentation needed, please review the following information.

If you are insured - All patients should familiarize themselves with the terms of their insurance coverage. This will help you understand the hospital's billing procedures and charges. If you have any questions about your bill, you may call the Business Office at 937-599-1405.

If you are a member of an HMO or PPO - Your plan may have special requirements, such as a second surgical opinion or pre-certification for certain tests or procedures. It is your responsibility to make sure the requirements of your plan have been met. If your plan's requirements are not followed, you may be financially responsible for all or part of the services provided by the hospital. In addition, some physician specialists may not participate in your healthcare plan and their services may not be covered.

If you are covered by Medicare - We will need a copy of your Medicare card to verify eligibility and process your Medicare claim. You should be aware the Medicare program specifically excludes payment for certain items and services, such as cosmetic surgery, some oral surgery procedures, personal comfort items, hearing evaluations and others. Deductibles and co-payments are also the responsibility of the patient.

If you are covered by Medicaid - We will need a copy of your Medicaid card. Medicaid also has payment limitations on a number of services and supplies. Medicaid does not pay for the cost of a private room unless medically necessary.



The Consumer's Guide to
Quality Health Care
in Ohio

Consumers can access a number of government and private Websites for 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/portal.

