



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, 2023.

Room and Board - Per Day Charges

Procedure	Description	Charges
150003	Semi Private OB	\$ 1,940
160006	Nursery - Bassinet	\$ 1,285
170009	ICCU	\$ 3,213
1864600018	Semi Private Medical/Surgical - 3West	\$ 1,769
1864800018	Semi Private Medical/Surgical - 4West	\$ 1,769

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	\$ 68
150003	Family Birth Center	\$ 1,940
160006	NURSERY	\$ 1,285
1201180	C-Section Room ea Add 15	\$ 1,217
1201349	IV Hydration EA Add HR	\$ 152
1201530	Non Stress Test	\$ 256
1201650	PKU	\$ 153
1201841	Established Clinic Level 4	\$ 227
2165500018	Observ FBC per hour	\$ 81

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	Lvl 1 ER	\$ 314
3102001	Lvl 2 ER	\$ 565
3102014	Lvl 3 ER	\$ 1,125
3102015	Lvl 4 ER	\$ 1,507
3102002	Lvl 5 ER	\$ 2,470
3102018	Level Critical Care	\$ 3,156

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	\$ 1,815
1870103	Surgery Level 2 1st 30	\$ 5,449
1870104	Surgery Level 2 Add'l 15	\$ 2,184
1870105	Surgery Level 3 1st 30	\$ 8,548
1870106	Surgery Level 3 Add'l 15	\$ 3,421
1870107	Surgery Level 4 1st 30	\$ 10,332
1870108	Surgery Level 4 Add'l 15	\$ 4,059

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	\$ 57
4003041	Lactic Acid	\$ 118
4003045	Lipase	\$ 105
4003047	Magnesium	\$ 71
4003078	Lipid Profile	\$ 155
4003107	Comprehensive Metabolic P	\$ 260
4003109	Basic Metabolic Panel	\$ 139
4006002	D Dimer	\$ 165
4006022	Prothrombin Time	\$ 57
4006023	PTT	\$ 68
4006030	Venipuncture	\$ 30
4006032	CBC	\$ 44
4006050	Manual Differential	\$ 14
4009006	Cult Blood	\$ 130
4009014	Culture Urine	\$ 98
4009022	Mic Profile	\$ 105
4009031	Organism Identification	\$ 142
4012012	Hcg Urine	\$ 92
4012017	Urinalysis	\$ 45
4425032	Hemogram For Diff	\$ 83
4425035	25-Oh Vitamin D	\$ 357
4429131	Procalcitonin	\$ 150
4618017	TSH	\$ 135
4618028	Hemoglobin A1c	\$ 118
4618031	Vitamin B12	\$ 165
4618034	Troponin	\$ 109
4618039	Ferritin	\$ 145
4618042	T4 Free	\$ 174
4618045	B-Type Natriuretic Peptid	\$ 250
2170000002	Viral Respiratory RNA 4 Target	\$ 357

Physical Therapy Charges

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

Procedure	Description	Charges
7750014	Vasopneumatic Device	\$ 153
7750020	Therapeutic Proc Neuro Reeduca	\$ 218
7750021	Therapeutic Procedures PT	\$ 211
7750030	Therapeutic Activities PT	\$ 220
7750032	Manual Therapy	\$ 234
7780056	Pt Eval Low Complex	\$ 476
2074000004	PTA Vasopneumatic Device	\$ 153
2074000010	PTA Therapeutic Exerc	\$ 211
2074000011	PTA Neuromuscular Reeducation	\$ 218
2074000012	PTA AQUATIC EXERCISE	\$ 244

Occupational Therapy Charges

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

Procedure	Description	Charges
7850001	Ther Activities	\$ 220
7850010	Ultrasonnd Ot	\$ 153
7850032	Manual Therapy	\$ 234
7850085	Therapeutic Exercises OT	\$ 211
7880004	Ot Eval Mod Complex	\$ 529
2076000009	OTA Ultrasound	\$ 153
2076000010	OTA Therapeutic Exercises	\$ 211
2076000011	OTA Neuromuscular Reeducation	\$ 218
2076000013	OTA Manual Therapy	\$ 234
2076000015	OTA Ther Activities	\$ 220

Pulmonary Therapy Charges

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

Procedure	Description	Charges
7451124	AEROGEN AEROSOL TX INITIAL	\$ 244
7451125	AEROGEN AEROSOL TX SUBSQ	\$ 179
7450054	AEROSOL TX INITIAL	\$ 179
7450055	Aerosol Tx Subseq	\$ 144
7451110	Airway Clearance Mech Device	\$ 151
7450047	Arterial Blood Withdraw	\$ 97
7450060	Bipap Mngt 1ST Day	\$ 473
7450061	Bipap Mngt Subseq	\$ 473
7450001	Blood Gases	\$ 216
7450002	Carboxy Hgb	\$ 129
7450093	CPAP NOCTURNAL IST SUBSQ	\$ 423
7451120	FLUTTER PEP THERAPY INITIAL	\$ 268
7450015	Inc Spir In Pt Only	\$ 50
7450070	MDI TX INITIAL	\$ 164
7450071	MDI TX SUBSEQ	\$ 135
7450017	Oximetry Continous	\$ 554
7450019	Oximetry Single Check	\$ 90
7450032	Oximetry Trending	\$ 144
7450050	Umb Cord Blood Gas	\$ 235
7450053	Vent Mngt Subseq	\$ 1,148

X-Ray and Radiological Charges

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

Procedure	Description	Charges
6050001	Xray Abdomen Ap Kub	\$ 479
6050006	Xray Ankle Complete 3 Views	\$ 479
6050016	Chest 1 View	\$ 409
6050018	Chest 2 Views	\$ 451
6050036	Xray FOOT	\$ 479
6050038	Xray HAND	\$ 479
6050044	Knee 4 Or More Views	\$ 807
6050051	xray Lumbar Spine 2View	\$ 527
6050088	xray Shoulder Min 2 Views	\$ 479
6050117	Cervical Spine 2 View	\$ 479
6050135	Knee 2 View	\$ 434
6054039	Dexa/Bone Density	\$ 752
6054179	Hip Unil W/Pelv 2-3 Views Xray	\$ 479
6054212	Unil Diag Brst tomosynthesis	\$ 75
6054213	Bilat Diag Brst tomosynthesis	\$ 88
6054214	Scrng Bi Breast Tomosynthesis	\$ 88
6150023	Spine Cerv Wo Contrast	\$ 1,462
6150029	Thorax Wo Contrast	\$ 1,507
6150034	CT Maxofacial Wo (Full Sn	\$ 1,608
6150069	CT Chest(Pe)	\$ 2,112
6150093	CT Abd & Pelvis Wo	\$ 2,681
6350027	Soft Tissue Neck (Thyroid	\$ 1,015
6350038	Transvaginal Echography	\$ 1,015
6350043	Abdomen Lin Orga Or Quadf	\$ 1,015
6350109	Unil Brst Sono Inc Axilla Ltd	\$ 541
6450012	MRI Lumbar Wo	\$ 2,135
6450046	MRI Low Ext Jt Wo	\$ 2,135
1871200001	bilat screen 2D	\$ 468
1871200003	bilat diag 2D	\$ 582
1871200004	unilat diag 2d	\$ 459

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.