



Patient Pricing Information

In compliance with state law, Fayette County Memorial 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, 2012.

Room and Board -- Per Day Charges	
Accommodations	Charges
Coronary care	\$2,187.00
Intensive care	\$2,187.00
Routine care (semi-private room)	\$889.00
Telemetry	\$1,511.00
Swing Bed	\$889.00
Emergency Department Charges	
<i>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.</i>	
Level of Service	Charges
Level 1	\$151.50
Level 2	\$233.00
Level 3	\$389.25
Level 4	\$653.25
Level 5	\$962.00
Critical care 1st hour	\$1,307.00
Critical care each additional ½ hr	\$423.00

Operating Room Charges	
<i>Operating Room charges are based on the complexity level, with simple being the lowest level for a particular operation. There is an initial, set-up charge as well as a charge for each additional hour the operation is being performed.</i>	
Services	Charges
Simple Local Anesthesia only	\$412.50
Minor Procedure	\$2,261.50
Additional 15 Minutes Minor Procedure	\$215.50
Moderate Procedure	\$3,391.75
Additional 15 Minutes Moderate Procedure	\$323.50
Major Procedure	\$4,522.75
Additional 15 Minutes Major Procedure	\$431.50
Major Complex Procedure	\$5,653.75
Additional 15 Minutes Major Complex Procedure	\$539.00
Laparoscopic Procedure	\$5,653.75
Additional 15 Minutes Laparoscopic Procedure	\$539.00
Laparoscopic Complex Procedure	\$6,785.25
Additional 15 Minutes Complex Laparoscopic Procedure	\$776.50

Physical Therapy Charges	
<i>The following charges reflect the most common services offered by our Physical Therapy department. Patients may have additional charges, depending on the services performed.</i>	
Services	Charges
Initial Evaluation	\$205.50
Electric Stimulation Unattended (each 15 min unit)	\$88.50
Therapeutic Exercise (each 15 min unit)	\$102.75

X-Ray and Radiological Charges	
<i>The following charges reflect the hospital's 30 most common x-ray and radiological procedures.</i>	
Services	Charges
Abdomen (1 view)	\$218.50
Abdomen Series	\$471.00
Abdomen (2 views)	\$274.00
Ankle (3 views)	\$229.00
Cervical Spine (5 views)	\$415.50
Chest (1 view)	\$231.75
Chest (2 views)	\$246.75
Foot	\$232.00
Hand (3 views)	\$229.00
Hip (2 views)	\$222.00
Knee (3 views)	\$185.25
Lumbar Spine (2-3 views)	\$364.50
Mammogram Screening	\$86.50
Shoulder (2 views)	\$222.00
Thoracic Spine (2 views)	\$266.50
Wrist (2 views)	\$122.50
Wrist (3 views)	\$238.25
MRI Lumbar Spinal Canal without Contrast	\$2,529.75
MRI Knee	\$2,530.00
CAT Scan Abdomen (with contrast)	\$1,683.50
CAT Scan Pelvis (with contrast)	\$1,651.50
CAT Scan Chest (with contrast)	\$2,164.75
CAT Scan Brain (without contrast)	\$1,674.75
Dexa Scan	\$494.00
CAT Scan Limited Study	\$666.00
Ultrasound Breast	\$487.25
Ultrasound Gall Bladder	\$628.00
Ultrasound Pelvic, Non-OB	\$665.00
Nuclear Medicine Myocardial Perfusion Imaging:	
with Multiple Studies	\$4,672.00
with Wall Motion	\$939.00
with Ejection Fraction	\$1,560.25

Laboratory Charges	
<i>The following charges reflect the hospital's 30 most common laboratory procedures.</i>	
Services	Charges
Amylase	\$93.00
Blood Draw	\$24.25
CBC with differential	\$95.25
CPK	\$55.00
CPK, MB Fraction only	\$105.00
Creatinine, serum	\$51.75
Culture, Bacterial	\$107.75
Culture, Blood	\$117.00
Culture, Urine	\$67.00
Drug Screen	\$57.00
Glucose Home Device	\$9.75
Hemoglobin, Glycated	\$80.00
Lipase	\$82.00

Manual Joint Mobilization (each 15 min unit)	\$102.00
Ultrasound (each 15 min unit)	\$81.50

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 performed.

Services	Charges
Initial Evaluation	\$216.25
Paraffin Bath	\$72.25
Self Care/Home Mgmt Training (each 15 min unit)	\$98.00
Therapeutic Exercise (each 15 min unit)	\$105.00

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.

Services	Charges
Aerosol Treatment	\$54.25
Pulmonary Function Testing (Basic)	\$120.00
Arterial Blood Gases	\$266.25
Echocardiogram Full Study	\$1,910.50
EKG	\$178.75
Holter Testing	\$456.50
Stress Test Regular	\$1,034.50

Hospital Billing Policies

As a patient of Fayette County Memorial Hospital (FCMH), we will bill your insurance company for the services rendered at our facility. It is your obligation to give us the correct information regarding your insurance company and demographics in efforts to complete the billing processes. Upon payment by your insurance company, if there is an outstanding balance, it is your responsibility to fulfill the outstanding balances.

If you are uninsured or self-pay and need assistance fulfilling your remaining balance, you can contact FCMH's financial counselors at 333-2725. FCMH has financial aid programs available to assist you. The programs include the state of Ohio's Hospital Care Assurance Program (HCAP) and FCMH's Community Financial Assistance (CFA) program.

Please be aware, you may receive additional bills from physicians and/or other professionals that take part in delivering your care; for example, clinic physicians, radiologists and pathologists.

Natriuretic Peptide	\$172.00
Panel, Basic Metabolic	\$125.75
Panel, Comprehensive Metabolic	\$181.50
Panel, Electrolyte	\$94.50
Panel, Lipid	\$147.75
Panel, Liver	\$128.75
Pregnancy Test Serum	\$105.50
Prothrombin	\$53.00
PTT	\$71.50
Sensitivity	\$67.00
SGPT/ALT	\$54.00
Streptococcus	\$94.25
Troponin	\$152.25
TSH	\$193.75
Urea Nitrogen	\$47.00
Urinalysis, no micro	\$38.00
Urinalysis, with micro	\$65.00

Speciality Clinic

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

Services	Charges
Clinic Usage Level I	\$64.25
Clinic Usage Level II	\$70.00
Clinic Usage Level III	\$82.00
Clinic Usage Level IV	\$123.00
Clinic Usage Level V	\$163.75
Colonoscopy	\$808.75
Upper Endoscopy	\$719.50
Cystoscopy	\$566.25
Visual Field	\$153.50
A-Scan	\$182.50



The Consumer's Guide to Quality Health Care in Ohio

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](http://www.ohanet.org/portal) at www.ohanet.org/portal.