

Patient Pricing Information



**Madison County
Hospital**

An affiliate of the OSU/Mount Carmel Health Alliance

In compliance with state law, Madison County Hospital is providing this price list containing our charges for some of our more common procedures and services. The hospital's charges are the same for all patients, but a patient's responsibility may vary, depending on their individual insurance plan. Uninsured or underinsured patients should consult with our financial counselor to determine whether they qualify for discounts. These prices are correct as of January 4, 2011. Prices are subject to change.

Room & Board

Accommodations	Charges
Medical/Surgical, semi-private	\$676.00
Medical/Surgical, private	\$690.00
Intensive Care	\$1,377.00
Obstetrics, semi-private	\$676.00
Obstetrics, private	\$690.00
Nursery	\$428.00
Hospice Respite	\$339.00

Operating Room Charges

Operating Room charges are based on the complexity level of the operation. There is an initial charge as well as a charge for additional time the operation is being performed. Fees for your surgeon's services and/or anesthesia administration will be billed separately.

Services	Charges
Minor Surgery	\$1,211.00
Level 1 Surgery - First 30 Minutes	\$2,517.00
Level 1 Surgery - Each Additional 15 Minutes	\$1,145.00
Level 2 Surgery - First 30 Minutes	\$3,272.00
Level 2 Surgery - Each Additional 15 Minutes	\$1,489.00
Level 3 Surgery - First 30 Minutes	\$3,729.00
Level 3 Surgery - Each Additional 15 Minutes	\$1,666.00

Emergency Department (ED) Charges

ED charges are based on the level of emergency care provided to patients. The levels 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. They also do not include fees for ED physicians, who will bill separately for their services.

Services	Charges
ER Visit - Level 1	\$198.00
ER Visit - Level 2	\$237.00
ER Visit - Level 3	\$343.00
ER Visit - Level 4	\$501.00
ER Visit - Level 5	\$659.00
Critical Care - 30 to 74 minutes	\$924.00

Labor and 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.

Services	Charges
Birthing Room	\$1,656.00
Fetal Monitor - First 2 Hours	\$141.00
Fetal Monitor - Each Additional Half Hour	\$37.00
Fetal Non-Stress Test	\$205.00
Labor Room Observation - 1st Hour	\$89.00
Labor Room Observation - Each Additional Half Hour	\$20.00

Laboratory Charges

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

Services	Charges
ABO Blood Group	\$52.00
Amylase Serum	\$95.00
Basic Metabolic Panel	\$224.00
Blood Aerobic/Anerobic Culture	\$102.00
Blood Draw Fee	\$13.00
Bun Area Nitrogen	\$45.00
Compatibility Test IS	\$58.00
Complete Blood Count-PTL	\$82.00
Comprehensive Metabolic Panel	\$401.00
Coombs Indirect	\$47.00
CPK	\$80.00
Creatinine	\$45.00
Drug Screen Complete Urine	\$42.00
Electrolyte Panel	\$102.00
Hemoglobin A1	\$83.00
Hepatic Function Panel	\$187.00
Lipase	\$102.00
Lipid Panel	\$115.00
Magnesium	\$84.00
MB Monoclonal	\$82.00
Minimum Inhibitory Concentration	\$104.00
Partial Thromboplastin Time	\$76.00
Pregnancy Test Urine	\$73.00
Prothrombin Time (PT)	\$38.00
RH	\$44.00
Routine Urinalysis	\$34.00
Troponin Quantitative	\$108.00
TSH	\$108.00
Urine Aerobic Culture	\$84.00
Urine Culture ID	\$44.00

X-Ray and Radiological Charges

The following charges reflect the hospital's most common x-ray and radiological procedures. Fees for the radiologist's services are not reflected, and will be billed separately.

Services	Charges
Bone Density Study	\$425.00
C-Arm Fluoro Guidance For Injections	\$605.00
CT Abdomen With Contrast	\$2,143.00
CT Abdomen Without Contrast	\$1,786.00
CT Head Without Contrast	\$1,571.00
CT Pelvis With Contrast	\$1,964.00
CT Pelvis Without Contrast	\$1,786.00
CT Thorax With Contrast	\$1,964.00
Mammogram	\$203.00
MRI Lumbar Spine Without Contrast	\$2,617.00
Nuclear Medicine Cardiolute	\$197.00
Ultrasound Abdomen Complete	\$1,393.00
Ultrasound Abdomen Limited	\$697.00
Ultrasound Retroperitoneal Limited	\$479.00
Ultrasound Transthoracic	\$1,221.00
X-Ray Abdomen	\$209.00
X-Ray Acute Abdomen Series	\$463.00
X-Ray Ankle 3 Views	\$324.00
X-Ray Chest PA	\$245.00
X-Ray Chest PA & Lateral	\$280.00
X-Ray Foot 3 Views	\$315.00
X-Ray Hand 3 Views	\$315.00
X-Ray Hip	\$264.00
X-Ray Knee 1-2 Views	\$257.00
X-Ray Knee 3 Views	\$434.00
X-Ray Shoulder	\$315.00
X-Ray Spine Cervical	\$452.00
X-Ray Spine Lumbar	\$548.00
X-Ray Spine Thoracic	\$565.00
X-Ray Wrist 3 Views	\$315.00

Rehabilitation Services Charges

The following charges reflect the most common rehabilitation services: physical therapy, occupational therapy, and speech therapy. Patients may have additional charges, depending on the services performed.

Services	Charges
Cervical Traction	\$138.00
Electrical Muscle Stimulation	\$100.00
Evaluation - Occupational Therapy	\$264.00
Evaluation - Physical Therapy	\$264.00
Gait Training (Each 15 Minutes)	\$86.00
Joint/Soft Tissue Mobilization (Each 15 Minutes)	\$131.00
Neuromuscular Reeducation (Each 15 Minutes)	\$130.00
Pelvic Traction	\$138.00
Physical Performance Testing	\$63.00
Speech/Language Therapy	\$149.00
Therapeutic Activities (Each 15 Minutes)	\$130.00
Therapeutic Exercise (Each 15 Minutes)	\$104.00
Ultrasound (Each 15 Minutes)	\$123.00

Hospital Billing Policies

If you have insurance, MCH bills your insurance carrier according to information provided at registration. It is important for you to provide as much information as possible at registration to ensure your bill is processed appropriately. Your insurance company will then pay based on the specifics of your plan. Any balance left after your insurance company pays the hospital is your responsibility.

If you need assistance paying your remaining balance, we may be able to help depending on your income. Please contact MCH's financial support line at 866-304-0650.

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.

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
Arterial Blood Gas	\$81.00
Continuous Pulse Oximetry	\$158.00
Daily Aerosol Treatment - Initial	\$113.00
Daily Aerosol Treatment - Each additional hour	\$107.00
Electrocardiogram	\$277.00
Incentive Spirometry Treatment	\$53.00
Intermittent Pulse Oximetry	\$32.00
Medical Nebulizer Treatment	\$54.00
Oxygen per hour	\$12.00
Pulmonary Function Testing	\$405.00
Smoking Cessation, 3-10 Minutes	\$53.00
Stress Exercise Test	\$544.00