



# Northside Medical Center

## Patient Price Information List

In compliance with state law, Forum Health is providing this price list containing 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 departments to determine whether they qualify for discounts and other charity care plans. You may contact the billing department at 330-884-1200. These prices are current as of 01/01/2010.

### Room and Board -- Per Day Charges

Coronary Care	\$ 4,274.00
Intensive Care	\$ 3,490.00
Nursery	\$ 1,063.00
Routine Care	\$ 1,063.00

### Labor and Delivery Charges

The following list may not include charges for anesthesia, drugs, or supplies required for a particular delivery room procedure. Fees for physician services are not reflected, and will be billed separately by your physician.

Normal Delivery	\$ 5,043.00
Fetal Non-Stress Test	\$ 586.00

### Emergency Department Charges

Emergency Department charges are based on the service intensity level of emergency care provided. Additional charges may be incurred, as an example drugs, labs, or other procedures that may be required for a particular emergency treatment. The following charges do not include fees for drugs, supplies or additional ancillary procedures that may be required for a particular emergency treatment. The charges do not include fees for Emergency Department Physicians, who bill separately for their services.

Level 1	\$ 176.00
Level 2	\$ 316.00
Level 3	\$ 502.00
Level 4	\$ 790.00
Level 5	\$ 1,069.00

### Operating Room Charges-Per Minute

Operating Room charges are based on the complexity level, with level 1 being the most basic, for a particular operation. Other fees may be incurred depending on level of service rendered. The following charges do not include fees for drugs, supplies or additional ancillary procedures that may be required for a particular emergency treatment. The charges do not include fees for Surgeons and other Professionals such as anesthesia, who bill separately for their services.

Level 1	\$ 26.00
Level 2	\$ 40.00
Level 3	\$ 46.00

Level 4	\$ 54.00
Level 5	\$ 60.00
Level 6	\$ 78.00
Level 7	\$ 84.00
Level 8	\$ 97.00
Level 9	\$ 109.00
Level 10	\$ 130.00
Level 11	\$ 135.00
Level 12	\$ 109.00
Level 13	\$ 97.00

**Physical Therapy Charges**

*The following charges reflect some of the most common services offered by the Physical Therapy department.  
Patients may incur additional charges, depending on the services performed.*

Evaluation	\$ 267.00
Gait Training 15 Minutes	\$ 114.00
Therapeutic Activity 15 Minutes	\$ 114.00
Therapeutic Exercise 15 Minutes	\$ 114.00

**Occupational Therapy Charges**

*The following charges reflect some of the most common services offered by the Occupational Therapy department.  
Patients may incur additional charges, depending on the services performed.*

Evaluation	\$ 267.00
Therapeutic Activity 15 Minutes	\$ 114.00
Manual Therapy 15 Minutes	\$ 114.00
Self-Care/Home Management 15 Minutes	\$ 121.00

**Pulmonary Therapy Charges**

*The following charges reflect some of the most common services offered by the Pulmonary Therapy department.  
Patients may incur additional charges, depending on the services performed.*

Aerosol Treatment	\$ 102.00
Ventilator Management-Per Day	\$ 584.00

**X-Ray and Radiological Charges**

*The following charges reflect the hospital's 30 most common x-ray and radiological procedures. US=Ultrasound;  
CT=Computerized Tomography Scan; NM=Nuclear Medicine; MR=Magnetic Resonance Imaging; XR=X-ray. The  
charges do not include fees for Radiologists, who bill separately for their services.*

ABDOMEN WO CONT (CT)	\$ 1,932.00
ABDOMEN WO/W CONT (CT)	\$ 2,704.00
CHEST W CONT (CT)	\$ 2,349.00
CTA CHEST WO/W CONT (CT)	\$ 3,255.00
HD/BRAIN WO CONT (CT)	\$ 1,735.00
PELVIS W CONT (CT)	\$ 2,349.00
PELVIS WO CONT (CT)	\$ 2,208.00
MAM SCREENING	\$ 122.00
BRAIN WO/W CONT (MR)	\$ 4,100.00
EJECTION FRACTION	\$ 721.00
HEART SCAN PHARM SPECT MULTI	\$ 2,751.00
HEART SCAN SPECT MULTI STUDY	\$ 2,751.00
WALL MOTION	\$ 721.00
ABD SINGLE ORGAN/QUADRANT (US)	\$ 660.00

BREAST/S SCAN (US)	\$ 521.00
ULT EXTRACRANIAL ART COMP (US)	\$ 1,559.00
EXTREM VENO UNI OR LIMITED (US)	\$ 803.00
PELVIS SCAN COMP (US)	\$ 534.00
RETPERITONIUM COMPLETE (US)	\$ 863.00
ABD 1 VIEW (XR)	\$ 257.00
ABD ONLY MULTI VIEW (XR)	\$ 345.00
CERVICAL SP 4 VIEW MIN (XR)	\$ 441.00
SPINE CERVICAL 2-3 VIEWS (XR)	\$ 359.00
CHEST 1 VIEW (XR)	\$ 253.00
CHEST 2 VIEWS (XR)	\$ 306.00
FOOT 3 VIEW MIN(L) (XR)	\$ 271.00
HAND 3 VIEW MIN(L) (XR)	\$ 237.00
HIP 2 VIEW MIN (L) (XR)	\$ 341.00
LUMBAR SP 2-3 VIEWS (XR)	\$ 264.00
THORACIC SP 3 VIEWS (XR)	\$ 333.00

**Laboratory Charges**

*The following charges reflect the hospital's 30 most common Laboratory and Pathology procedures. Charges do not include fees for Pathologist services, which may be billed separately by the Pathologist. PNL=Panel of testing. All blood draws will automatically include a \$30.00 venipuncture charge.*

CBC W/DIFF	\$ 189.00
LIPID PROFILE	\$ 105.00
CBC NO DIFF	\$ 119.00
GLYCOHEMOGLOBIN(A1C)	\$ 88.00
PROTHROMBIN & INR	\$ 81.00
SED RATE-WESTERGREN	\$ 68.00
URINALYSIS W/MICROSCOPIC	\$ 79.00
HEMOGLOBIN (HGB)	\$ 29.00
CULTURE URINE	\$ 116.00
GLUCOSE FASTING	\$ 50.00
TSH, 3RD GENERATION	\$ 153.00
COMPREHENSIVE METABOLIC PANEL	\$ 205.00
COMP METABOLIC PANEL, FASTING	\$ 205.00
BASIC METABOLIC PANEL	\$ 128.00
BASIC METABOLIC PANEL, FASTING	\$ 128.00
BUN	\$ 34.00
CREATININE	\$ 47.00
MAGNESIUM	\$ 87.00
FERRITIN	\$ 179.00
GLUCOSE, POST PRAN AM	\$ 50.00
GLUCOSE, POST PRAN PM	\$ 50.00
GLUCOSE-TIME	\$ 50.00
GLUCOSE, 2 HR PP	\$ 50.00
PROSTATIC SPECIFIC AG/DIAGNOST	\$ 105.00
PROSTATIC SPECIFIS AG/SCREEN	\$ 105.00
VITAMIN D, 25 HYDROXY	\$ 79.00
VITAMIN D, 25 HYDROXY D2, D3	\$ 79.00
HEMATOCRIT	\$ 29.00
URINALYSIS,MACRO-MICROSCOPIC	\$ 79.00

*For questions on Billing and Billing Policies please contact Patient Financial Services at: **330-884-1200** Forum is dedicated to assisting our patients in understanding their individual coverage and benefit package. It is the policy of Forum Health to collect any estimated patient liabilities upon admission or at time of service. Forum Health Hospitals do not charge interest on unpaid balances. For our patients that do not have healthcare coverage, we are committed to providing expertise in order to assist patients in qualifying for various state and local programs as well as our internal charity care program. For further information or questions regarding account balance please contact our*

*Forum Health Hospitals are committed to providing high quality and safe patient care. Patients and 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** at [www.ohanet.org/portal](http://www.ohanet.org/portal).*