



Caring for the Health of Our Community

## Patient Price Information List

In compliance with state law, Wyandot 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 business office to determine whether they qualify for discounts.

These prices are correct as of January 1, 2008.

### Room and Board -- Per Day Charges

*The following charges reflect the type of accommodations needed, the personnel resources and the intensity of care needed to provide treatment. The following charges do not include fees for drugs, supplies or additional ancillary procedures that may be required or ordered by your physician. They also do not include professional fees for physicians, which will be billed separately for their services.*

	Charges
Coronary care	\$ 907.00
Intensive care	\$ 907.00
Nursery	\$ 388.00
Routine care	\$ 582.00
Obstetrics	\$ 429.00

### 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.*

	Charges
Normal Delivery	\$ 1,207.90
Cesarean Section Delivery	See Operating Room Charges
Amniocentesis	\$ 149.90
Fetal Monitor	\$ 163.20
Labor Room	\$ 531.75

## 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. They also do not include fees for Emergency Department physicians, which will be billed separately for their services.*

Level 1	\$ 59.45
Level 2	\$ 102.65
Level 3	\$ 205.65
Level 4	\$ 315.75
Level 5	\$ 444.60

## Operating Room Charges

*Operating Room charges are based on the complexity level, with level 1 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. Fees for physician services or anesthesia administration are also not reflected and will be billed separately by your physician.*

	<b>Set-Up Charge</b>	<b>Additional 15-Minute Charge</b>
Level 1	\$ 180.80	\$ 267.35
Level 2	\$ 198.75	\$ 298.40
Level 3	\$ 320.75	\$ 333.40
Level 4	\$ 330.20	\$ 346.15

## Physical Therapy Charges

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

PT Evaluation	\$ 115.20
Therapeutic Exercise/15 min	\$ 55.30
Electrical Stimulation	\$ 47.90
Ultrasound/15 min	\$ 43.95
Gait Training	\$ 51.60

## 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.*

OT Evaluation	\$ 120.60
OT Therapeutic Exercise/15 min	\$ 57.00
OT Paraffin	\$ 44.10
OT Ultrasound/15 min	\$ 45.30

## Respiratory Therapy Charges

*The following charges reflect the most common services offered by our Respiratory Therapy department. Patients may have additional charges, depending on the services performed.*

Hand Held Nebulizer Treatment	\$ 64.50
Oxygen/Day	\$ 135.55
Incentive Spirometry	\$ 50.00
Mechanical Ventilation/day	\$ 847.55
PFT Complete	\$ 406.25
Pleth/RAW	\$ 147.55
PFT Diffusion	\$ 271.00
ABG Analysis	\$ 211.55

## X-Ray and Radiological Charges

*The following charges reflect the hospital's 30 most common x-ray and radiological procedures. Patients may have additional charges, depending on the services performed. Fees For Physician services will be billed separately.*

Chest PA/LAT	\$ 193.35
Chest PA or AP	\$ 144.80
Screening Mamm	\$ 146.74
CT Brain without Contrast	\$ 809.30
SPECT/Wall Motion	\$ 291.90
SPECT/Ejection Fraction	\$ 291.90
Knee 1 or 2 views	\$ 144.80
Myocardial Multi - SPECT	\$ 1,604.10
Ankle 3 Views	\$ 144.80
CT Pelvis With and Without Contrast	\$ 1,206.15
CT Abdomen With Contrast	\$ 1,191.65
Fetal US Single	\$ 509.35
Spine, Lumbar 2-3 Views	\$ 193.35
CT Abdomen Without Contrast	\$ 951.95
Shoulder 2 Views	\$ 180.80
Hip 2 Views	\$ 145.25
Hand 2 views	\$ 116.85
Wrist 3 Views	\$ 144.80
Foot 3 Views	\$ 144.80
Acute Abdominal Series	\$ 338.25
CT Pelvis Without Contrast	\$ 951.95
Cervical Spine With Obliques	\$ 325.60
Abdomen KUB	\$ 144.80
Abdomen AP and Erect	\$ 193.55
Transvaginal US non-OB	\$ 286.45
Carotid Duplex Bilateral	\$ 596.40
Abdominal Complete - US	\$ 482.70
Bio-Physical Profile	\$ 509.35
Dexa Axial Scan	\$ 351.60
Transvaginal US OB	\$ 238.75

## Laboratory Charges

*The following charges reflect the hospital's 30 most common laboratory procedures. Fees for Physician Services will be billed separately.*

Blood Draw	\$	15.20
Urinalysis	\$	28.80
Lipid Profile	\$	84.10
CBC With Auto Diff	\$	52.05
Troponin	\$	86.45
Serum Amylase	\$	43.25
Qualitative HCG	\$	50.30
Serum Creatinine	\$	34.30
Myoglobin	\$	95.20
Hemoglobin A1C	\$	64.80
Plasma Glucose	\$	26.30
Magnesium	\$	37.60
TSH	\$	112.05
PT/INR	\$	26.35
PTT	\$	40.20
Organism ID - Bacteria	\$	38.60
Urine Dip	\$	17.35
D-Dimer	\$	75.60
Hematocrit	\$	15.90
Hemoglobin	\$	15.90
Sed Rate	\$	26.10
Routine Culture	\$	57.50
Blood Culture	\$	68.95
Urine Culture	\$	53.90
PSA -Screen	\$	92.95
BMP	\$	45.55
Comprehensive Panel	\$	60.30
BNP	\$	235.10
Liver Profile	\$	29.50
Lytes	\$	53.00

## Hospital Billing Policies

*We appreciate the opportunity to serve you for your healthcare needs, and can provide guidance to you in preparing for payment of services*

*After you have received care at Wyandot Memorial Hospital, a bill is generated using the insurance coverage information you provided to the hospital's registration staff.*

### **Insurance**

Although the hospital provides all possible billing assistance to you, payment is not guaranteed from insurance. *Please call your insurance company regarding the services you are to receive, and verify their coverage and any possible pre-certification required.*

- You are responsible for any deductibles and co-insurance.
- After your insurance pays its portion of the bill, you will receive a statement for any remaining balance the following month.

### **Self-Pay**

Statements are generated when your remaining balance is determined to be self-pay.

### **Itemized Bill**

You may request an itemized bill for services you received by calling a billing specialist at the number noted below or mailing your request to the hospital at the address noted below.

### **Payment Arrangements**

Payment is due within 10 days of receipt of your statement, or payment arrangements can be discussed with the Patient Accounts Manager by phoning 419-294-4991, extension 2245.

*Partial payments are not accepted in lieu of an authorized pay plan. Partial payments must be agreed upon by the Patient Accounts Manager.*

*If you know you may be unable to pay your bill, it is important to talk with the Patient Accounts Manager as soon as possible after you have received services at WMH.*

### **Payment Assistance Programs**

HCAP - (Health Care Assistance Program)

The State of Ohio provides this program to patients or their responsible parties who are experiencing financial hardships and meet the guidelines established by the state. HCAP considers your household size and income in determining eligibility, and requires an application and income verification.

Charity program

The hospital understands extreme circumstances can sometimes occur that prevent patients from paying their bill. A one-on-one interview with the Patient Accounts Manager should be scheduled, so the patient or responsible party can make an application for charity care and verify financial information.

### **Patient Accounts Offices**

Monday – Friday from 8 a.m. – 4:30 p.m. & by appointment  
*Our offices are located on the lower level of the hospital*  
885 N. Sandusky Avenue, Upper Sandusky OH 43351  
**419-294-4991**

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