



Patient Price Information List

In compliance with state law, Mercy Medical Center 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, 2011.

Room and Board -- Per Day Charges

	<u>Private Room</u>	<u>Semi-Private Room</u>
Intensive care		
Level 1	\$1,195.00	n/a
Level 2	\$660.00	\$675.00
Cardiovascular ICU	\$1,110.00	n/a
Coronary care		
Level 1	\$985.00	n/a
Level 2	\$530.00	\$515.00
Medical-Surgical Routine	\$365.00	\$350.00
Rehabilitation	\$505.00	\$490.00
Adult/Geriatric Psychiatric	\$465.00	\$450.00
Pediatrics	\$450.00	\$435.00
Obstetrics	\$430.00	n/a
Newborn Nursery	n/a	\$290.00
Neonatal ICU		
Acute		\$1,280.00
Intermediate		\$1,035.00
Convalescent		\$745.00

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.

	<u>Charge</u>
Normal Delivery	\$1,550.00
Cesarean Section Delivery	\$1,700.00
Circumcision	\$100.00

Anesthesia Physician fee information may be obtained from:

Stark County Anesthesia
4665 Douglas Circle NW Suite 101
Canton, OH 44718

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, who will bill separately for their services.

	<u>Charge</u>
Level 1- Minimum Stay	\$150.00
Level 2- Minimum Stay	\$200.00
Level 3- Brief Stay	\$260.00
Level 4- Brief Stay	\$410.00
Level 5- Specialized Stays	\$600.00
Critical care	\$900.00

Emergency Physician fee information may be obtained from:

Stark County Emergency Physicians
1330 Mercy Drive NW
Canton, OH 44708

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.

	<u>Base Rate</u>	<u>Add'l 15-Min Increment</u>
Level 1- Minor O/P	\$950.00	\$300.00
Level 2- Intermediate	\$1,575.00	\$390.00
Level 3- Major Complex	\$2,200.00	\$450.00

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.

	<u>Charge</u>	<u>15-Min Increment</u>
Evaluation (45-60 Minutes)	\$160.00	
Exercise Therapy		\$65.00
Gait Training		\$48.00
Manual Therapy		\$75.00

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.

	<u>Charge</u>	<u>15-Min Increment</u>
Evaluation (45-60 Minutes)	\$160.00	
Therapy Group	\$32.00	
Home Management		\$46.00
Kinetic Exercise		\$65.00

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.

	<u>Charge</u>
O2 Cannula per Day/ O2 Mask per Shift	\$ 35.00 / 32.50
Aerosol In Line Ventilator Initial/ Subsequent Day	\$ 68.00 / 58.00
Aerosol Treatment Initial/ Subsequent Day	\$ 68.00 / 58.00
Oxygen Content	\$17.00

X-Ray and Radiological Charges

The following charges reflect the hospital's 30 most common x-ray and radiological procedures. These charges does not include professional fees for services of hospital based Radiologists.

	<u>Charge</u>
Abdomen or KUB	\$135.00
Abdomen Stone Protocol	\$285.00
Ankle Complete	\$155.00
Bone Density Study	\$255.00

Cervical Spine with Obliques	\$235.00
Chest, PA/Lateral	\$135.00
Chest 1 view	\$73.00
CT Abdomen & Pelvis w/Contrast	\$2,185.00
CT Cervical Spine w/o Contrast	\$965.00
CT Head/Brain w/o Contrast	\$830.00
CT Place Radiation Therapy Fields	\$235.00
CT Thorax w/Contrast	\$975.00
CTA Thor Aorta w/wo contrast w/postprocess	\$1,375.00
Daily IMRT Treatment	\$611.00
Doppler Fetal Umbilical Artery	\$210.00
Foot Complete	\$155.00
Knee 4 or more views	\$230.00
Linear Accelerator, Complex	\$320.00
Linear Accel, Comp 20 MEV or >	\$400.00
Lumbar Spine 2 or 3 views	\$170.00
Mammography Screening	\$110.00
MIBI Spect Scan Multiple Study	\$2,470.00
MRI Brain with w/o Contrast	\$2,775.00
MRI Lumbar Spine w/o Contrast	\$1,425.00
US Abdomen Limited	\$320.00
US Fetal Position	\$350.00
US Kidney	\$275.00
US Pelvis Non OB	\$345.00
US Transvaginal	\$330.00

Radiologist fee information may be obtained from:

Radiology Services of Canton Inc.
1230 Mercy Drive NW
Canton, OH 44708

Laboratory Charges

The following charges reflect the hospital's 30 most common laboratory procedures. These charges does not include professional fees for services of hospital based Pathologists.

	<u>Charge</u>
ABO Type	\$17.00
Antibody Screen Ea	\$30.00
Basic Metabolic Panel	\$55.00
Blood Culture	\$50.00
CBC Platelet Auto Diff.	\$60.00
CBC Platelet No Diff.	\$35.00
Comprehensive Metabolic Profile	\$80.00
Creatine Kinase (CK)	\$25.00
Creatine Kinase (MB)	\$45.00
Crossmatch Incub.	\$28.00
Glucose Bld. Strip	\$17.00
Hemoglobin	\$18.00
Hemoglobin Glycosylated	\$78.00
Hepatic Panel	\$55.00
Hematocrit	\$18.00
Iron	\$41.00
Lipase	\$52.00
Lipid Panel	\$75.00
Magnesium Bld.	\$25.00
Natriuretic Peptide- Brain	\$110.00

Protime	\$30.00
PTT	\$30.00
RH Type	\$17.00
Surgery Path Level 4	\$176.00
Troponin Quant.	\$44.00
TSH	\$87.00
U/A w/o Micro Auto	\$41.00
Urine Culture w/ CC	\$58.00
Venipuncture	\$9.00
Vitamin D3 25-OH	\$110.00

Pathologist fee information may be obtained from:

Interpath Inc.
1320 Mercy Drive NW
Canton, OH 44708

Hospital Billing Policies

Patients may call (530) 469-1145 for customer service. Financial counselors are on staff to help with availability of financial assistance, discounts, and interest free extended payment plans.



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** at www.ohanet.org/portal.*