



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 01, 2019.

Room and Board -- Per Day Charges

		<u>Private Room</u>	<u>Semi-Private Room</u>
Intensive care	Trauma	\$ 2,310.00	N/A
	Level 1	\$ 1,803.90	N/A
	Level 2	\$ 1,307.25	N/A
	Post	\$ 1,140.00	\$ 1,121.00
Cardiovascular ICU	Level 1	\$ 1,671.60	N/A
	Level 2	\$ 1,177.05	N/A
Coronary care	Level 1	\$ 1,620.15	N/A
	Level 2	\$ 891.00	\$ 873.00
Medical-Surgical Routine		\$ 722.00	\$ 704.00
Telemetry		\$ 891.00	\$ 873.00
Rehabilitation		\$ 1,202.25	\$ 1,183.35
Pediatrics		\$ 734.00	\$ 717.00
Obstetrics		\$ 970.20	N/A
Newborn Nursery			\$ 790.90
Neonatal SCU	Acute		\$ 5,523.10
	Intermediate		\$ 3,732.30
	Convalescent		\$ 2,836.90

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>
Vaginal Delivery with Epidural	\$ 2,934.80
Cesarean Section Delivery	\$ 3,884.10
Circumcision	\$ 600.00
Non-Stress Test	\$ 293.70

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	\$ 364.00
Level 2- Minimum Stay	\$ 483.00
Level 3- Brief Stay	\$ 656.00
Level 4- Brief Stay	\$ 930.00
Level 5- Specialized Stays	\$ 1,244.10
Critical care	\$ 1,713.00
Trauma Care	\$ 4,150.30

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	\$ 1,423.00	\$ 341.00
Level 2- Intermediate	\$ 2,277.00	\$ 541.00
Level 3- Major Complex	\$ 3,803.00	\$ 680.00
Level 4- Major Complex II	\$ 4,226.00	\$ 748.00

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 Low Complexity	\$ 203.70	
Evaluation Moderate Complexity	\$ 225.75	
Evaluation High Complexity	\$ 247.80	
Exercise Therapy		\$ 115.50
Gait Training		\$ 91.35
Manual Therapy		\$ 121.80
Therapeutic Activity Therapy		\$ 115.50

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.

	<u>Charge</u>	<u>15-Min Increment</u>
Evaluation Low Complexity	\$ 205.64	
Evaluation Moderate Complexity	\$ 227.90	
Evaluation High Complexity	\$ 250.16	
Neuromuscular Re-education		\$ 115.50
Therapeutic Activity		\$ 115.50
Home Management		\$ 92.40
Kinetic Exercise		\$ 115.50

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>
Aerosol Treatment Initial	\$ 234.00
Aerosol Treatment Subsequent Day	\$ 163.00
Blood Gas Panel wo Electrolyte	\$ 72.00
Methemoglobin Quantitative	\$ 24.20
O2 Content	\$ 22.00
O2 by Cannula/Day	\$ 35.00

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 3 Views- Acute Series	\$ 342.30
Abdomen or Kub 1 View	\$ 269.50
Ankle Complete	\$ 294.00
Bone Density Study	\$ 288.75
Cervical Spine 4 or 5 Views	\$ 446.25
Chest PA/AP & Lateral	\$ 249.70
CT Abd/Pel w/IV Contrast Only	\$ 2,630.25
CT Abd/Pel with Oral/IV contrast	\$ 2,630.25
CT Abd/Pel Stone Protocol w/o contrast	\$ 1,427.80
CT Cervical Spine w/o Con	\$ 982.30
CT Head/Brain w/o Con	\$ 821.70
CT Thorax w/Con	\$ 1,026.30
CT Thorax w/o con	\$ 821.70
CT Thorax Aorta w/wo Contrast w/Post	\$ 1,433.30
Dig Mammo Screen	\$ 256.20
Foot Complete	\$ 308.00
Hand Complete	\$ 348.70
Knee 4 or more Views	\$ 457.60
Lumbar Spine 2 or 3 Views	\$ 314.60
MRI Brain w/wo Contrast	\$ 2,084.25
Portable Chest	\$ 103.40
Shoulder	\$ 257.25
Tomo Screening Bilateral	\$ 110.25
Tomo Unilateral Diagnostic	\$ 110.25
US Abdomen Complete	\$ 694.10
US Abdomen Limited	\$ 606.10
US Breast	\$ 323.40
US Guidance Needle Placement	\$ 239.40
US Kidney	\$ 522.50
US Transvaginal	\$ 627.00

Radiologist fee information may be obtained from:

Radiology Services of Canton Inc.
1320 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	\$ 75.60
Antibody Screen ea	\$ 55.65
Basic Metabolic Panel	\$ 72.00
CBC Platelet auto diff	\$ 78.75
CBC w/PLT no diff	\$ 47.25
Comp Metabolic Panel	\$ 121.80
Culture Blood	\$ 65.10
Culture Urine w/cc	\$ 79.20
Glucose BLD Strip	\$ 17.00
Hemoglobin A1C GLYCOHGB	\$ 90.30
Hepatic Panel	\$ 67.20
Iron	\$ 49.35
Iron Bining (TIBC)	\$ 49.35
Lipase	\$ 64.05
Lipid Panel	\$ 87.15
Magnesium Blood	\$ 31.50
N-terminal proBNP	\$ 110.00
Phosphorus Blood	\$ 25.20
Protime	\$ 32.00
PTT	\$ 31.50
RH Type	\$ 38.85
Sensi Mic GNS PA	\$ 67.20
Surg Path Level 4	\$ 254.00
T4 FREE	\$ 151.20
Troponin Quant	\$ 61.95
TSH	\$ 112.35
UA w/o Micro auto	\$ 30.80
Urine ID	\$ 74.80
Venipuncture	\$ 12.60
Vitamin D3 25-OH	\$ 141.75

Pathologist fee information may be obtained from:

Interpath Inc.
1320 Mercy Drive NW
Canton, OH 44708

Hospital Billing Policies

Patients may call (330) 489-1145 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.ohaneet.org/portal.