

In compliance with state law, The Christ 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 admitting and billing staff to determine whether they qualify for discounts. These prices are correct as of 1/1/2021.

**Room and Board -- Per Day Charges**

*Charges made by a hospital for the room, routine nursing services, routine supplies, and meals for a person confined as a bed patient. Room and board charges can be defined as private or semi-private.*

	<b>Charges</b>
	<b><u>Private</u></b>
Med/Surg Room	\$1,417.00
Labor & Delivery	\$1,525.00
Psych/Chem Dependency	\$1,945.00
Rehab	\$1,417.00
Stepdown - Cardiac	\$2,920.00
Medical ICU	\$6,429.00
Surgical ICU	\$6,429.00
Cardiac ICU	\$6,429.00
Newborn - Normal	\$1,850.00
Newborn Continuing Care	\$2,300.00
Newborn Intermediate	\$4,950.00

**Observation**

*Observation status is used for evaluating a patient to determine the need for treatment as an inpatient admission, or for observing a patient due to a complication following a procedure*

	<b><u>Private</u></b>
Observation	
Initial Hour	\$1,000.00
Ea Additional Hr	\$22.00

## Labor and Delivery Charges

*The following list does not include charges for drugs, or non-routine 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.*

	<b>Charges</b>
Vaginal Delivery	\$6,789.00
Cesarean Section Delivery	\$8,948.00
Fetal Non-Stress Test	\$514.00

## 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.*

	<b>Charges</b>
Level 1	\$330.00
Level 2	\$565.00
Level 3	\$1,165.00
Level 4	\$1,749.00
Level 5	\$3,123.00
Critical care	\$4,927.00

## Operating Room Charges

*Operating Room charges are based on the complexity level, with "Minor" being the most basic, for a particular operation. There is an initial charge as well as an additional charge for each minute beyond the first 30 minutes while the operation is being performed.*

	<b>Charges</b>	
	Initial 30 minutes	Additional minutes
Minor	\$4,670.00	
Major	\$5,214.00	\$109.00
Complex	\$5,681.00	\$133.00

## 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.*

	<b>Charges</b>
PT Evaluation Low Complexity	\$288.00
PT Gait Training (15 minutes)	\$144.00
PT Ultrasound/Phonophoresis (15 Minutes)	\$116.00
PT Manual Therapy/Mobilization (15 Minutes)	\$144.00
PT Therapeutic Activities - (15 Minutes)	\$131.00
PT Therapeutic Exercise (15 Minutes)	\$144.00

## 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.*

	<b>Charges</b>
OT Evaluation Low Complexity	\$288.00
OT Re-Eval	\$248.00
OT Therapeutic Activities (15 Minutes)	\$131.00
OT Self Care/ADL (15 Minutes)	\$131.00
OT Therapeutic Exercise (15 Minutes)	\$144.00
OT Group Therapeutic Procedures	\$128.00

## Pulmonary Therapy Charges

*Respiratory Therapy focuses on exercises and treatments that help preserve, improve, or restore lung function. The following charges reflect the most common services offered by our Pulmonary Therapy department. Patients may have additional charges, depending on the services performed.*

	<b>Charges</b>
Ventilator - Assist and Manage - Initial	\$1,151.00
Vital Capacity	\$138.00
Pulmonary Exercise/Oximetry Simple	\$230.00

## X-Ray and Radiological Charges

*The following charges include the hospital's 30 most common x-ray and radiological procedures. Some radiologic procedures include the use of a contrast agent to better visualize anatomy and may represent an additional charge.*

	<b>IP CHARGE</b>	<b>OP CHARGE</b>
MRI- Head (with and without contrast)	\$3,757	\$3,167
MRI- L Spine (without contrast)	\$2,678	\$2,068
CT - Abdomen & Pelvis (with contrast)	\$5,111	\$4,691
CT - Abdomen & Pelvis (without contrast)	\$4,597	\$4,219
CT- Head (without contrast)	\$1,378	\$1,153
CT- Thorax (w/o contrast)	\$1,575	\$1,153
CT- Chest (with contrast)	\$1,917	\$1,757
US- Transvaginal	\$758	\$575
US- Abdomen (limited)	\$650	\$575
US-Abdominal, Real Time w Image documentation,compl	\$794	\$575
US-Retroperitoneal Real Time w Image documentation,com	\$834	\$765
US- Head/Neck Tissues, B-Scan/Real time	\$627	\$575
US- Breast Unilateral Inc Axilla	\$526	\$377
Mammography Direct Digital Screening	\$299	\$257
Mammography Direct Digital Diagnostic Unilateral	\$408	\$376
Mammography Direct Digital Bilateral	\$566	\$520
Breast Tomosynthesis Bilateral Add On	\$160	\$160
X-Ray - Elbow 2 vws	\$241	\$162
X-Ray - Finger(s)	\$182	\$162
Abdomen - Single View	\$289	\$200
C Spine- 2 or 3 views	\$311	\$266
Chest - 2 views	\$298	\$266
Chest - Single View	\$266	\$162
Foot- Minimum 3 views	\$278	\$200
Knee- 3 Views	\$290	\$200
LS Spine- AP & Lateral	\$317	\$266
X-Ray - Hip Uni 2-3 Views	\$290	\$175
Shoulder- min 2 view	\$256	\$200
Fluoroguidance for Spinal Injection	\$704	\$336
DXA Scan Axial Skelton	\$503	\$429

## Laboratory Charges

*The following charges include the hospital's 30 most common laboratory procedures.*

	<b>Reference Lab</b>
ABO Type	\$59
Amylase Serum	\$26
Basic Metabolic Panel	\$30
Blood Gas, Calc O2 Sat	\$79
CK (CPK)	\$27
CKMB (Mass Assay)	\$37
Complete Blood Count (CBC)- With differential, automated	\$32
Complete Blood Count (CBC)- Without differential	\$26
Comprehensive Metabolic Panel	\$43
Culture, Urine	\$33
Glycohemoglobin (HGB A1C)	\$40
Hepatic Panel	\$26
Lipid Profile	\$52
Magnesium, Serum	\$24
Partial Thromboplastin Time (PTT)	\$25
Phosphorus, Serum	\$19
POC Blood Sugar	\$10
Potassium Serum	\$19
Prostatic Specific Antigen	\$75
Prothrombin Time (PT)	\$16
Renal Function Panel	\$35
RH Factor	\$36
HCG Quantitative	\$61
T4-Free	\$37
Thyroid Stimulating Hormone	\$69
Troponin	\$40
Urinalysis	\$9
Urinalysis- With Microscopic	\$13
Venipuncture, Routine	\$9
Vitamin D 25 Hydroxy	\$121

## Hospital Billing Policies

### BILLING INFORMATION

#### *BILLING POLICY*

The patient's guarantor is financially responsible for service provided to the patient at The Christ Hospital. If the patient is the beneficiary of government or private health care coverage, The Christ Hospital will bill the third party payer. The guarantor's share of the amount billed for services (co-payments and deductibles) and any amounts for services not covered by the third party payer are payable at the time of service. The Christ Hospital will bill the guarantor for any remaining balance that is the responsibility of the guarantor under terms of the payer contract and for charges for services that may not be covered by the third party payer consistent with the payer contract. Upon request, The Christ Hospital will provide the guarantor with an itemized bill.

The Christ Hospital does not charge interest on unpaid balances owed by the patient's guarantor.

The Christ Hospital encourages the patient to contact their insurance company to verify details of their respective coverage/financial obligation.

If you are worried about paying your medical bills or if you have no health insurance, please talk to one of our financial counselors about payment plans or discounts. The Christ Hospital offers financial counseling to assist and aid in meeting financial obligations. Please call the Customer Service Department for more information.

#### *Physician Fees, Specialists, Additional Tests*

Charges listed on the Price Disclosure document do not include charges for physician fees, specialists, or charges for any additional tests ordered for your care.

### FREQUENTLY ASKED QUESTIONS REGARDING "BILLING"

#### **Q. What is a guarantor?**

A. A guarantor is a person held responsible by the Christ Hospital for medical expenses incurred on a patient's behalf. This may be the patient, parent, legal guardian(s), or agent(s).

#### **Q. If I have questions regarding my bill, who can I call?**

A. Please contact our Customer Service Department at (844)286-5497 (toll-free).

#### **Q. What is a deductible? A co-payment? Co-insurance?**

A. A deductible is the amount you pay each year before your plan begins paying benefits. This amount is usually a set dollar amount. A co-payment is a cost sharing agreement in which you pay a flat-dollar fee for a specific service. An example would be where the insurance plan charges a flat \$50 co-payment for all emergency room visits. Co-insurance is the portion of your health care expenses for which you are responsible. If your co-insurance is 20%, then you would pay 20% of the expense after your deductible is met and your insurance company would pay the remaining 80%. You should check with your insurance company for specifics for your plan of coverage.

#### **Q. What is an Explanation of Benefits (EOB) or Explanation of Payment (EOP)?**

A. These are documents showing a detailed listing of how your insurance company processed your claim or bill. An EOB or EOP is mailed by your insurance company directly to you.

**Q. Which methods of payment can I use to pay my bill?**

A. The Christ Hospital accepts payments made by cash, check, money order, or credit card. We accept Visa, MasterCard or American Express.

MAILING ADDRESS FOR PAYMENTS: The Christ Hospital P.O. Box 630718 Cincinnati, OH 45263-0718



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](http://www.ohanet.org/portal) at [www.ohanet.org/portal](http://www.ohanet.org/portal).*

**Customer Service**

For Customer Service or if you have any questions about your bill, we're happy to help.

**For Hospital Bills**

Monday through Thursday, from 9 a.m. to 6 p.m. and Friday, from 8 a. m. to 5 p.m.

Email: [Billing@TheChristHospital.com](mailto:Billing@TheChristHospital.com)

Phone: 513-466-2168 or 844-210-1044

**For Physician Bills**

Weekdays, from 8 a.m. to 4:30 p.m.

Email: [FolUp.ActionRequest@thechristhospital.com](mailto:FolUp.ActionRequest@thechristhospital.com)

Phone: 513-872-7021 or 877-651-434