

Patient Price Information List

In compliance with state law, Morrow County Hospital is providing this price list containing our charges for room and board, Emergency Department, operating room, 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, 2017.

Room and Board -- Per Day Charges

Charges

Medical/Surgical	871.90
PCU	1,600.15
Intensive Care	2,152.15
Swing Bed	434.45

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	Service Not Available
Cesarean Section Delivery	Service Not Available
Amniocentesis	Service Not Available
Fetal Monitor per hour	Service Not Available
Labor Room per hour	Service Not Available

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.

Charges

Level 1	194.50
Level 2	274.90
Level 3	481.30
Level 4	760.90
Level 5	1138.55

Operating Room Charges

Operating Room charges are based on the complexity level, with level 1 being the most basic, for a particular operation. The following charges do not include fees for drugs, supplies or additional ancillary procedures that may be required.

Charges

Gastroscopy (EGD)	2,559.40	3602000
Flex Bronc	2,559.40	3602018
Colonoscopy	2,559.40	3602034
EGD & Colonoscopy	4,289.60	3600087
Level 1 First 15 Minutes	4,233.50	3600335
Level 1 Each Add Minutes	49.10	3600343
Level 2 First 15 Minutes	5,460.60	3600350
Level 2 Each Add Minutes	55.30	3600368
Level 3 First 15 Minutes	6,687.70	3600376
Level 3 Each Add Minutes	61.45	3600384
Level 4 First 15 Minutes	7,914.75	3600392
Level 4 Each Add Minutes	67.55	3600400
Level 5 First 15 Minutes	8,528.30	3600418
Level 5 Each Add Minutes	73.70	3600426

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.

Charges

Exercise each 15 min	123.65	4200150
Elec Stim Unattended	80.10	4201331
Manual Therapy	122.00	4201158
Elec Stim-MC	80.10	4200226
Initial PT Consult/Eval	153.85	4200259
Ultrasound each 15 min	102.10	4200283
Gait each 15 min	66.20	4200028
Therapeutic Proc/Group	105.75	4201356
Massage	69.60	4200069
Func/Kinetic Act Each 15 min	93.10	4201133
Neuro Muscle Reeducation	75.45	4200952
Iontophoresis each 15 min	69.45	4200853
Traction, Mechanical	51.20	4200291
Paraffin	50.95	4200077
Patient Re-Evaluation	100.35	4201109
ADL each 15 min	78.00	4200119

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.

Charges

Exercise each 15 min	123.65	4300448
Manual Therapy	122.00	4300695
Kinetic Activities	93.10	4300471
Massage 15 min	69.60	4300497
Func Capacity Eval Each	70.75	4300828
Paraffin	50.95	4300075
Initial OT Consult	156.00	4300174
ADL Training each 15 min	78.00	4300364
Neuromuscular re-ed	75.45	4300513
Elec Stim Unattended	80.10	4301057
COGN Perceptual Mtr Trm	66.20	4300729
Ultrasound each 15 min	102.10	4300281
Transfer Training Each 15 min	78.00	4300562
Therapeutic Proc\Group	105.75	4301065
Orthotic Training Each 15 min	101.85	4300521

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.

Charges

Pulm Rehab 1 Hour Session	115.95	7500044
Pulm Rehab 6 min walk	90.45	7500028
Standard EEG	690.10	7400096

X-Ray and Radiological Charges

The following charges reflect the hospital's 30 most common X-ray and radiological procedures.
Charges

Chest PA Only	246.15	3200052
Chest 2 View PA & Lateral	316.20	3200060
Abdomen/Kub	285.35	3200078
Acute Abd Series	615.70	3200086
C Spine 4 or 5 Views	486.55	3200334
T Spine AP & Lat	355.50	3200342
Shoulder Comp Min 2 Views	294.80	3200425
Wrist 3 or More Views	316.20	3200490
Elbow 3 Views	316.20	3200516
Foot Min 3 Views	295.20	3200540
Ankle Min 3 Views	310.30	3200557
Knee 1 or 2 Views	273.40	3200573
L Spine 4 Views	592.20	3201027
Hand 3 Views	316.20	3201068
L Spine 2 or 3 Views	385.75	3201175
DXA Bone Density Scan	544.85	3201266
Knee 3 Views	305.00	3201282
Mammo Unilat Diag Digital	243.00	3201613
Mammo Screening Digital	260.00	3201621
Hip Comp Min 2View w/wo Pelvis	283.50	3201738
CT Head w/o Contrast	1,524.05	3500014
CT Thorax w/o Contrast	1,977.90	3500071
CT Thorax w/ Contrast	2,230.10	3500089
CT Cervical Spine w/o Contrast	1,762.15	3500196
CTA Chest/Thorax	2,502.50	3500279
CT Abd & Pelvis w/o Contrast	2,286.10	3500519
CT Abd & Pelvis w/ Contrast	2,624.65	3500535
US Pelvis	512.60	4000097
US Breast B Mode	385.65	4000139
US Venous Unilateral	790.30	4000188
US Transvaginal	175.20	4000220
US Single Organ	717.50	4000253
MRI L Spiine w/o Contrast	2,427.15	6100333
MRI Lower Extrem Joint wo	2,427.15	6101307

Laboratory Charges

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

Charges

Lipid Panel	99.75	3000080
Drug Screen	246.00	3001153
Culture Ident-Aerobe	100.20	3001815
Urinalysis w/Micro	45.05	3010014
Urinalysis	44.55	3010022
Comp Metabolic Panel	168.00	3010055
Basic Metabolic Pnl	122.45	3010097
BNP-Natriuretic Peptide	135.95	3010139
PSA Screening	116.90	3010659
Calcifediol(25 OH Vit D3)	247.65	3010774
Amylase	88.55	3011533
CPK	50.10	3020336
CMKB	124.30	3020344
Creatinine Blood	44.55	3020351
Creatinine Urine/Other	70.85	3020369
B12	53.55	3020385
HCG-Urine Qual	67.35	3020575
Hemoglobin A1C	77.95	3020617
Lipase	94.20	3020740
Magnesium	49.05	3020773
TSH-Thyroid Stim Hormone	105.00	3021169
Bun-Blood	46.75	3021235
T4 Free	136.15	3021334
Troponin I	134.60	3021557
CBC w/Out Diff	62.55	3030061
CBC w Differential, Auto	86.85	3030079
Prothrombin Time	53.80	3030186
PTT	54.45	3030202
Electrolyte Panel	71.85	3030277
Culture Blood	122.45	3050010
Culture Urine	72.35	3050085
Urine Isolation and Presump ID	89.25	3060407
Venipuncture	15.00	3080033

Hospital Billing Policies

For complete billing information, visit our [Billing Information](#) page.



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.