



Patient Price Information List

In compliance with state law, Pike Community 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 January 1, 2007.

Room and Board -- Per Day Charges

| | Charges |
|----------------|----------|
| Intensive care | 1,721.00 |
| Routine care | 494.00 |
| Swing Bed | 260.00 |

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.

| | Charges |
|---------|---------|
| Level 1 | 88.00 |
| Level 2 | 143.00 |
| Level 3 | 211.00 |
| Level 4 | 308.00 |
| Level 5 | 494.00 |

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.

| General | Set-Up Charge | Additional 15-Minute Charge |
|---------|---------------|-----------------------------|
| Level 1 | 327.00 | 13.00 |
| Level 2 | 363.00 | 13.00 |
| Level 3 | 435.00 | 15.00 |
| Level 4 | 508.00 | 15.00 |

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.

| | Charges |
|----------------------------|---------|
| ADL 15 MINUTES | 60.00 |
| ELECTRICAL STIMULATI, UA | 36.00 |
| EVALUATION | 146.00 |
| GAIT TRAINING, 15 MINUTES | 53.00 |
| HOT PACKS | 36.00 |
| MAN THER/MYOFA REL 15 MIN | 74.00 |
| NEUROMUSCULAR REED 15 MIN | 53.00 |
| THER EXERCISE 15 MINUTES | 55.00 |
| THERAPEUTIC ACT 15 MINUTES | 58.00 |
| ULTRASOUND, 15 MINUTES | 53.00 |

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.

| | Charges |
|-------------------------------------|---------|
| ACTIVITY OF DAILY LIVING 15 MINUTES | 60.00 |
| ACTIVITY THERAP 15 MINUTES | 58.00 |
| EVALUATION | 146.00 |
| EXERCISE THERAPY 15 MINUTES | 55.00 |
| FUNCT. CAP. EVALUATION 15 MINUTES | 78.00 |
| PARAFFIN 15 MINUTES | 36.00 |
| SENSORY INTG TECHN 15MINUTES | 58.00 |
| ULTRASOUND, 15 MINUTES | 53.00 |

Cardiopulmonary 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 |
|-------------------------------|---------|
| AERESOL TX INITIAL | 88.00 |
| AEROSOL PER HOUR | 7.00 |
| AEROSOL TX SUBSEQUENT | 44.00 |
| ARTERIAL BLOOD GAS | 57.00 |
| BLOOD GAS ANALYSIS | 70.00 |
| CHEST PERCUS SUBSEQ | 33.00 |
| METERED DOSE THERAPY INITIAL | 88.00 |
| METERED DOSE THERAPY SUBS | 44.00 |
| NEBULIZER HAND HELD TREATMENT | 13.00 |
| OXIMETRY SINGLE DETERMINATION | 30.00 |

X-Ray and Radiological Charges

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

| | Charges |
|-----------------------------|----------|
| ABD UPRIGHT/FLAT COMP | 137.00 |
| ANKLE | 70.00 |
| BONE DENSITOMETRY DEXA | 276.00 |
| CERVICAL SPINE, MIN 4 VIEWS | 139.00 |
| CHEST PA & LAT | 100.00 |
| CT ABD WO | 689.00 |
| CT ABD WO/W | 906.00 |
| CT HEAD WO | 799.00 |
| CT PELVIS W | 775.00 |
| CT PELVIS WO | 724.00 |
| CT THORAX W | 765.00 |
| DORSAL SPINE | 99.00 |
| ECHO DOPPLER COMPLETE | 269.00 |
| ECHO TRANSVAGINAL | 224.00 |
| ECHOCARDIOGRAM COMPLETE | 468.00 |
| ELBOW COMPLETE | 73.00 |
| FOOT | 70.00 |
| HAND COMPLETE | 70.00 |
| HIP COMPLETE | 95.00 |
| KNEE COMPLETE | 101.00 |
| LUMBAR SPINE, 5 VIEWS | 139.00 |
| MAMMOGRAM SCREENING | 146.00 |
| MRI SPN LMBR WO CONTRAST | 1,113.00 |
| ORAL CONTRAST GASTROVIEW | 46.00 |
| PELVIS | 68.00 |
| SHOULDER, COMPLETE | 73.00 |
| ULTRASOUND BREAST | 217.00 |
| ULTRASOUND PELVIS | 279.00 |

| | |
|-----------------|--------|
| US LIMITED | 333.00 |
| WRIST, COMPLETE | 78.00 |

Laboratory Charges

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

| | Charges |
|---------------------------|---------|
| ACTIVATED PTT | 26.00 |
| ALT (SGPT) | 26.00 |
| AMYLASE | 35.00 |
| AST (SGOT) | 26.00 |
| BASIC METABOLIC PANEL | 162.00 |
| BRAIN NATRIURETIC PEPTIDE | 185.00 |
| CBC COMPLETE AUTO&AUTO DI | 37.00 |
| COC COLLECTION | 22.00 |
| COMP METABOLIC PANEL | 196.00 |
| CORONARY RISK PROFILE | 70.00 |
| CPK | 27.00 |
| CULT, ORGANISM ID | 42.00 |
| CULTURE BACTERIA OTHER SO | 35.00 |
| CULTURE, BLOOD | 70.00 |
| CULTURE, URINE | 34.00 |
| DIPSTICK ONLY - UA | 23.00 |
| DS/CH MUL CLS EA PRO | 110.00 |
| FERRITIN | 66.00 |
| FOLATE | 81.00 |
| HEMOGLOBIN A1C | 45.00 |
| IRON, TOTAL | 67.00 |
| LDH | 26.00 |
| LIPASE | 35.00 |
| PAP THIN-PREP | 64.00 |
| PT | 23.00 |
| SUSCEPTIBILITY MIC PER PL | 46.00 |
| TROPONIN I | 79.00 |
| TSH | 72.00 |
| URINALYSIS COMPLETE | 32.00 |
| VITAMIN B12 | 73.00 |

Hospital Billing Policies

Patients with Medicare, Medicaid or Commercial Insurance
Patient Liability payment is due within 30 days of the date of Medicare, Medicaid or Commercial Insurance payment. The Patient Liability due may include deductibles, coinsurance, and non covered charges.

Self-Pay Patients

Payment is due within 30 days of the date of service. Payment terms are available in lieu of payment in full. Financial assistance through the Health Care Assurance Program and Hospital Charity Care may be available for qualified applicants. For more information, please call 947-6328.



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.