

Patient Price Information Guide



Fairfield
Medical Center

Updated June 2017

Patient Price Information Guide

In compliance with state law, Fairfield Medical Center is providing this price guide containing our charges for room and board, emergency department, operating room, delivery services, physical therapy and other procedures. Fairfield Medical Center charges the same for all patients, but a patient's responsibility may vary depending on negotiated contracts with individual health insurers and what the insurers benefit plan is. Uninsured or underinsured patients should consult with our business office staff to determine whether they qualify for discounts. These prices are correct as of January 1, 2017.

If you would like an anticipated amount of your out of pocket, please call 740-687-8025; Monday through Friday 8:00 a.m. to 4:30 p.m. We are committed to providing care for all our patients, regardless of their ability to pay; therefore, patients who do not have insurance or are considered underinsured should call the number listed above to determine eligibility for our financial assistance programs. If you would like to obtain our financial assistance application it's available online at www.fmchealth.org.

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Mission Statement

Fairfield Medical Center delivers outstanding healthcare for our patients, their families and our communities.

Vision Statement

Fairfield Medical Center will be recognized as the leader in patient/family-centered care for those we serve in our facilities and in our communities.

Anesthesiology Services

The following does not include the Anesthesiologist fees, you will receive a separate bill for those services.

Description	Charge
General Anesthesia	
First half hour	\$ 990.00
Each additional 15 minutes	\$ 495.00
Local Monitoring	
First half hour	\$ 195.00
Each additional 15 minutes	\$ 110.00
Monitored Anesthesia Care	
First half hour	\$ 715.00
Each additional 15 minutes	\$ 360.00
Spinal/Epidural Anesthesia	
First half hour	\$ 855.00
Each additional 15 minutes	\$ 435.00

Cardiovascular Services

In addition to Fairfield Medical Center charges for performing the test(s), you will receive a bill from the Physician(s) who performed the procedure. The charges below are only for Fairfield Medical Center only.

Description	Charge
Arterial Doppler Study	\$ 539.00
Arterial Doppler Study with Exercise	\$ 575.00
Arterial Segmental Doppler	\$ 602.00
Blood Gas Analysis with Puncture	\$ 173.00
EKG Stress Test	\$ 600.00
Cardio Rehab Exercise, Phase II	\$ 130.00
Diagnostic Left Heart Cath	\$ 10,635.00
Echocardiogram 2-D with M Mode, Doppler + Color Flow	\$ 1,490.00
Electroencephalogram (EEG)	\$ 535.00
Electrocardiogram (EKG)	\$ 90.00
Holter Monitor with Holter Scan	\$ 490.00
IPG (Venous Blood Flow Study)	\$ 470.00
Tilt Table Total	\$ 1,015.00
Cardiac Stress Test	\$ 2,435.00

Computerized Tomography (CT Scans)

In addition to Fairfield Medical Center charges, you will receive a bill for the physician interpretation of the test. The charges below are only for Fairfield Medical Center only.

Description	Without Contrast	With Contrast	Both With and Without Contrast
Abdomen	\$ 1,440.00	\$ 1,910.00	\$ 2,630.00
Cervical	\$ 1,440.00	\$ 1,910.00	\$ 2,630.00
Chest	\$ 1,440.00	\$ 1,910.00	\$ 2,630.00
Head	\$ 1,440.00	\$ 1,910.00	\$ 2,630.00
Lumbar	\$ 1,440.00	\$ 1,910.00	\$ 2,630.00
Lower Extremities	\$ 1,440.00	\$ 1,910.00	\$ 2,630.00
Pelvis	\$ 1,440.00	\$ 1,910.00	\$ 2,630.00
Thoracic	\$ 1,440.00	\$ 1,910.00	\$ 2,630.00
Upper Extremities	\$ 1,440.00	\$ 1,910.00	\$ 2,630.00

Endoscopy Charges

In addition to Fairfield Medical Center charges for performing the test(s), you will receive a bill from the Physician(s) who performed the procedure. The charges below are only for Fairfield Medical Center only.

Description	Charge
Bronchoscopy	\$ 2,280.00
Bronchoscopy with Biopsy	\$ 8,775.50
Colonoscopy	\$ 2,065.00
Colonoscopy with Biopsy	\$ 3,086.00
EGD Diagnostic	\$ 2,145.50
Endoscopy Maxillary Sinus	\$ 4,295.60

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 care, reflect the type of accommodations needed, personnel resources, intensity of care and 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 services.

ER Visit Level	Charge
ER Visit - Level 1	\$ 240.00
ER Visit - Level 2	\$ 475.00
ER Visit - Level 3	\$ 955.00
ER Visit - Level 4	\$ 1,300.00
ER Visit - Level 5	\$ 1,800.00
ER Visit - Level 6	\$ 2,810.00

Imaging

In addition to Fairfield Medical Center charges, you will receive a bill for the physician interpretation of the test. The charges below are only for Fairfield Medical Center only.

Description	Charge
Acute Abdomen Series	\$ 565.00
Abdomen, Flat KUB	\$ 340.00
Barium Enema - Colon	\$ 600.00
Bone Density Study DXA	\$ 225.00
Chest - One View	\$ 335.00
Chest - Two Views	\$ 405.00
Esophagus with Fluoroscopy	\$ 675.00
Extremities - Ankle, Elbow, Femur, Fibula, Finger, Forearm, Foot, Hand, Humerus, Shoulder, Tibia, Wrist	\$ 305.00
Intravenous Pyelogram with Contrast (IVP)	\$ 1,750.00

Mammography - Digital

Unilateral - Diagnostic	\$ 245.00
Bilateral - Diagnostic and Screening	\$ 327.00

Sinuses

Caldwell Waters	\$ 290.00
Series	\$ 290.00

Spine

Cervical (any one view)	\$ 490.00
Lumbosacral AP + Lat	\$ 305.00
Thoracic - Three Views	\$ 305.00

Imaging

Upper Gastrointestinal (UGI)	\$ 675.00
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Laboratory

In addition to Fairfield Medical Center charges for performing the test, some tests may also have a physician interpretation component. If you have questions regarding you Fairfield Medical Center charges please contact 740-687-8025.

Description	Charge
ALT (Alanine Aminotransferase)	\$ 17.75
AST (Aspartate Aminotransferase)	\$ 17.50
BMP (Basic Metabolic Panel)	\$ 24.75
CBC (Complete Blood Count)	\$ 21.75
CK (Creatine Kinase)	\$ 22.00
CKMB (Creatine Kinase w/myocardial fraction)	\$ 30.50
CMP (Comprehensive Metabolic Panel)	\$ 33.50
Creatinine	\$ 17.25
ESR Sedimentation Rate	\$ 9.00
Hemoglobin A1C	\$ 32.75
Hepatic Function Panel	\$ 21.25
H & H (Hemoglobin/Hematocrit)	\$ 16.00
Influenza A + B Ag	\$ 80.50
LD (Lactate Dehydrogenase)	\$ 20.25
Lipase	\$ 23.25
Lipid Panel	\$ 42.75
Magnesium	\$ 19.50
Pap Smear (Conventional)	\$ 19.50
Pap Smear (Thin Prep)	\$ 44.75
Phosphorus	\$ 16.00
K (Potassium)	\$ 15.50
PT (Protime)	\$ 13.25
PT/PTT (Prothrombin Time/Partial Prothrombin Time)	\$ 33.50
PTT (Partial Prothrombin Time)	\$ 20.25
Tissue Exam (IV)*	\$ 182.50
Troponin-I	\$ 33.00
TSH Thyroid (Stimulating Hormone)	\$ 56.50
Urinalysis with microscopy	\$ 10.75
Urine Culture	\$ 27.25
Urine Pregnancy Test	\$ 21.25

Labor and Delivery Charges

Average total charges include the anticipated charges for anesthesia, drugs, supplies and room charges. Fees for physician services or anesthesia administration are not reflected and will be billed separately by your physician(s). The delivery charges are an anticipated gross charge for uncomplicated births and are averages only.

Description	Charge
Vaginal Delivery - Mother Only, excludes baby bill	
Average Total Charges, Excludes Physician Bill	\$10,802.50
Cesarean Section Delivery- Mother Only, excludes baby bill	
Average Total Charges, Excludes Physician Bill	\$15,400.13
Baby Care - Baby Only	
Newborn Average Total Charges, Excludes Physician Bill . . .	\$ 3,765.00

Magnetic Resonance Imaging (MRI)*

In addition to Fairfield Medical Center charges, you will receive a bill for the physician interpretation of the test. The charges below are only for Fairfield Medical Center only.

Description	Without Contrast	Both With and Without Contrast
Abdomen	\$ 1,800.00	\$ 3,230.00
Cervical Spine	\$ 1,800.00	\$ 3,230.00
Chest/Thorax	\$ 1,800.00	\$ 3,230.00
Head	\$ 1,800.00	\$ 3,230.00
Lumbar Spine	\$ 1,800.00	\$ 3,230.00
Upper Extremity	\$ 1,800.00	\$ 3,230.00
Lower Extremity	\$ 1,800.00	\$ 3,230.00
Pelvis	\$ 1,800.00	\$ 3,230.00

Nutrition Services

Description	Charge
Medical Nutrition Counseling	\$ 49.00*
Individual Diabetes Education	\$ 75.00**
Diabetes Group Education Class	\$ 22.00**

* Each 15 Minutes

** Each 30 Minutes

Observation Charges - Per Hour and Per Day

The following list includes an average of observation charges per hour and per day based on the level of care being provided. Additional charges are not included.

Description	Charge
Per Hour	\$ 44.73
Per Day - Based on Severity Level	
Low	\$ 98.78
Moderate	\$ 190.61
High	\$ 269.70

Occupational Medicine Services

Description	Charge
DOT Physical Exam	\$ 95.00
Pre-Employment Physical Exam (Price Range).....	\$50-250.00
T8 Physical Exam.....	\$ 50.00
Audiogram, Pure Tone Screening	\$ 25.00
Pulmonary Function Testing	\$ 35.00

Physical Medicine

Description	Charge
Activities of Daily Living Training	\$ 140.00*
Gait Training	\$ 100.00*
Occupational Therapy Evaluation	\$ 290.00
Physical Therapy Evaluation	\$ 270.00
Speech Language Evaluation	\$ 240.00
Speech Therapy Treatment	\$ 135.00*
Bedside Swallowing/Oral Evaluation	\$ 485.00
Therapeutic Procedure	\$ 120.00*
Therapeutic Activity	\$ 125.00*

* Each 15 Minutes

Room and Board - Per Day Charges

The following list includes per day charges for inpatients only. Observation rates are not reflected and will be billed in addition to the per day rates, if the patient was in observation status at any time during their stay.

Unit	Daily Rate
General Med/Surg	
Routine Care & Palliative Care	\$ 830.00
Isolation	\$ 990.00
Intensive Care	\$ 1,270.00
Step-Down Isolation	\$ 1,515.00
Nursery/Newborn	
Nursery	\$ 1,215.00
Mental Health	
Adult Psychiatric	\$ 995.00
Adult Psychiatric Isolation	\$ 1,190.00

Surgery Charges

Surgery charges are based on a per minute room and per minute labor charge. Recovery time is charged by a per hour complexity level. Additional charges will be made for the supplies used in the course of the surgery and do not include the Surgeon's fees or the Anesthesiologist fees. Depending on your procedure, you also may receive a bill from a pathologist and/or radiologist. If you have a question concerning the charges for the facility, please contact the business office at 740-687-8025. If you have questions regarding the other bills outside of the facility please contact the number listed on your bill.

Description	Charge
Minor Surgery	
First Half Hour	\$ 4,425.00
Each Additional 15 Minutes.....	\$ 2,265.00
Major Surgery	
First Half Hour	\$ 6,850.00
Each Additional 15 Minutes.....	\$ 2,265.00
Vascular Surgery	
First Half Hour	\$ 9,485.00
Each Additional 15 Minutes.....	\$ 2,635.00
Heart Services	
First Half Hour	\$ 9,485.00
Each Additional 15 Minutes.....	\$ 2,635.00
Recovery Room	
First Half Hour	\$ 820.00
Each Additional 15 Minutes.....	\$ 235.00
Post-Op Recovery	
First Half Hour	\$ 610.00
Each Additional 15 Minutes.....	\$ 195.00

Ultrasound

In addition to Fairfield Medical Center charges, you will receive a bill for the physician interpretation of the test. The charges below are only for Fairfield Medical Center only.

Description	Charge
Breast Unilateral Limited Left or Right	\$ 190.00
Pelvis Non-Obstetric Complete	\$ 705.00
Pregnant Follow-Up/ Limited Fetus	\$ 470.00
Gallbladder Ultrasound	\$ 705.00



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