



An affiliate member of Summa Health System

Patient Price Information List

In compliance with state law, Robinson Memorial 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 valid through 12/31/2010.

Room and Board -- Per Day Charges

	Charges
ROUTINE CARE	\$1,122
SPECIAL CARE	\$1,625
INTENSIVE CARE	\$2,913

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	\$2,957
CESAREAN SECTION DELIVERY	\$5,591
LABOR ROOM PER DAY	\$1,122
NEWBORN BASSINET	\$855

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	\$124
LEVEL 2	\$294
LEVEL 3	\$418
LEVEL 4	\$963
LEVEL 5	\$1,069

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 not an additional charge for extended time in the operating room.

However, the following rates do not include fees for drugs, non-routine supplies or additional ancillary testing that may be required for a particular surgical procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.

	Charge
LEVEL 1	\$2,210
LEVEL 2	\$2,969
LEVEL 3	\$3,389
LEVEL 4	\$4,182
LEVEL 5	\$4,767
LEVEL 6	\$5,550
LEVEL 7	\$6,617

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.

	Charge
AQUA THERAPY - 15 MIN	\$53
ELECTRIC STIMULATION - UNATTENDED	\$66
EVALUATION - COMPREHENSIVE	\$226
MANUAL THERAPY - 15 MIN	\$66
RE-EVALUATION	\$112
ULTRASOUND - 15 MIN	\$66

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.

	Charge
ELECTRIC STIMULATION - UNATTENDED	\$66
EVALUATION - COMPREHENSIVE	\$226
FLUIDOTHERAPY	\$96
MANUAL THERAPY - 15 MIN	\$66
RE-EVALUATION	\$112

Respiratory Therapy Charges

The following charges reflect the most common services offered by our Respiratory Therapy department. Patients may have additional charges, depending on the services performed.

	Charge
CARBON MONOXIDE DIFF CAP	\$198
CPAP INITIAL MANAGEMENT	\$220
PULSE OX MULT DETERMINATION	\$257
PULSE OX SINGLE DETERMINATION	\$100
VENT ASSIST MANAGEMENT DAY ONE	\$308
VENT ASSIST MANAGEMENT SUBSQNT	\$198

X-Ray and Radiological Charges

The following charges reflect the hospital's 30 most common x-ray and radiological procedures. The charge does not reflect the fee for services of the radiologist which will be billed separately by the radiologist.

	Charge
ABD CO INC DEC &/O UP	\$276
ABDOMEN LIMITED	\$564
ABDOMEN UPPER WITH	\$1,549
ABDOMEN UPPER WITHOUT	\$1,316
ANKLE COMP MIN 3V (RT or LT)	\$213
BRAIN W/O CONTRAST	\$1,981
BREAST CAD-DIAGNOSTIC	\$55
BREAST CAD-SCREENING	\$55
CERVICAL WITHOUT	\$1,354
CHEST - PORTABLE	\$270
CHEST 1V FRONTAL	\$134
CHEST 2V FRONTAL/LAT	\$191
CTA CHEST W/O & WITH	\$2,695
FOOT COMP MIN 3V (RT or LT)	\$213
HAND MIN 3V-RT or LT	\$213
HEAD WITHOUT	\$1,063
KNEE COMP MIN 4V (RT or LT)	\$260
(KUB) ABD 1 VIEW AP	\$213
MAGNEVIST PER ML	\$17
MAMMO SCRNR DIGIT BIL	\$220
PELVIS	\$474
PELVIS WITH	\$1,518
PELVIS WITHOUT	\$1,334
PELVIS-TRANSVAGINAL	\$474
RETR LMTD RENAL	\$564
RUL/GUID-NEEDL PLCMNT	\$468
SHOULDER MIN 2V (RT or LT)	\$232
SP CERVICAL MIN 4V	\$371
SP LUMB W/OBL MIN 4V	\$376
THORAX WITH	\$1,581

Laboratory Charges

The following charges reflect the hospital's 30 most common laboratory procedures. The charge does not reflect the fee for services of the pathologist which will be billed separately by the pathologist.

	Charge
AUTO CBC W/D	\$95
BASIC METABOLIC PNLMC	\$135
BLOOD CULTURE	\$172
CARDIAC BNP	\$121
CBC	\$59
CHLAMYDIA AMP DNA	\$124
CK-MB	\$142
COMPREHEN METABOLIC	\$234
CPK	\$20
FINGERSTICK	\$28
GLUCOSE BY GLUCOMETER	\$35
GLYCOHEMOGLOBIN	\$40
GRAM STAIN	\$35
HEMATOCRIT PCV	\$25
HEMOGLOBIN (HGB)	\$25
HEPATIC FUNC PANEL MC	\$118
LIPID PROFILE	\$91
MAGNESIUM	\$66
PHLEBOTOMY-MANUAL CHG	\$28
PHOSPHORUS	\$20
PROTHROMBIN TIME-PT	\$54
PROTIME BY COAGUCHECK	\$35
ROUT URINE W MICROSCP	\$52
SENSITIVITY - MIC	\$55
THROMBOPLSTN TIME-PTT	\$56
TROPONIN	\$69
TSH	\$75
URINE CULTURE	\$124
VENIPUNCTURE	\$28
VITAMIN D;25-HYDROXY	\$128



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.ohanet.org/portal.*