

In an effort to assist our patients in making informed decisions regarding the quality and charges of the care they receive, The Loretto Hospital is providing this price list containing our charges for Room and Board, Emergency Department, Physical Therapy and other procedures. The Loretto Hospital charges are the same for all patients, but a patient's responsibility may vary, depending on the payment plans negotiated with the individual's health insurance provider. Uninsured and under insured patients should consult with our Patient Accounts staff to determine whether they qualify for discounts.

These prices are correct as of January 1<sup>st</sup>, 2018

#### Room & Board per Day

Intensive Care Unit	\$2450.00
Medical Semi Private	\$ 975.00
Medical Private	\$1151.00
Psychiatry	\$1500.00

#### Emergency Department

Emergency Department charges are based on the level of emergency care provided to our patients. The levels, with level 1 representing basic emergency or urgent 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.

#### Emergency Department

Level 1	\$167.00
Level 2	\$282.00
Level 3	\$496.00
Level 4	\$835.00
Level 5	\$1232.00

### Physical Therapy Charges

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

Evaluation 30 Minutes	\$564.78
Therapeutic Exercise 15 Min	\$70.00
Gait Training 15 minutes	\$70.00
Manual Therapy 15 minutes	\$70.00
Electrical Stimulation Unattended	\$75.00

### Radiology Procedure Charges

The following charges represent common procedures offered by our Radiology department. Patients may have additional charges, depending on the services performed. Fees for Radiology interpretation are also not reflected and will be billed separately by your physician.

Cervical Spine 5 views	\$238.00
Lumbar Spine 5 views	\$238.00
Foot	\$148.00
Shoulder	\$238.00
Wrist	\$148.00
Abdomen – Flat	\$238.00
Chest PA/LAT	\$148.00
Digital Bilateral Mammogram	\$400.00
Renal Scan	\$1052.00
CT Chest w/o contrast	\$752.00
CT Chest w/wo contrast	\$879.00
CT Thoracic Spine w/wo contrast	\$800.00
MRI Brain	\$2092.50
MRI Abdomen w/wo contrast	\$1690.00
MRI Pelvis w/wo contrast	\$1690.00

The following charges represent common procedures offered by our Laboratory department. Patients may have additional charges, depending on the services performed. Fees for Pathology interpretation are also not reflected and will be billed separately by your Physician.

Basic Metabolic Panel	\$145.00
Hepatic Panel	\$160.00
PSA	\$82.00
Hemoglobin	\$22.00
Prothrombin Time	\$32.00
CBC	\$42.00
BUN Serum	\$44.00
Creatinine Serum	\$36.00
Sedimentation Rate	\$30.00
Glucose Tolerance (4 Hrs)	\$125.00
Hematocrit	\$22.00