

# Patient Price Information List



## MERCY HEALTH — LORAIN HOSPITAL

In compliance with state law, Mercy Health — Lorain 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.

### Effective 1/1/2024 - 12/31/2024

| Room and Board — Per Day Charges | Charges    |
|----------------------------------|------------|
| HC REHAB R&B                     | \$1,741.00 |
| HC MED SURG R&B                  | \$1,647.00 |
| HC SEMI PRIVATE OB R&B           | \$2,317.00 |
| HC EMOTIONAL WELLNESS R&B        | \$1,953.00 |
| HC SEMI PRIVATE HOSPICE R&B      | \$1,647.00 |
| HC NURSERY LEVEL I R&B           | \$867.00   |
| HC NURSERY LEVEL II R&B          | \$1,854.00 |
| HC NURSERY LEVEL III R&B         | \$3,309.00 |
| HC ICU R&B                       | \$5,657.00 |
| HC ICU INTERMEDIATE R&B          | \$3,306.00 |
| HC CCU INTERMEDIATE R&B          | \$2,537.00 |

| Labor and Delivery Charges   | 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. |            |
| HC CESAREAN SECTION  | \$7,531.00 |
| HC VAGINAL DELIVERY  | \$5,129.00 |

| Emergency Department Charges  | 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. |            |
| HC ER LEVEL 1   | \$414.00   |
| HC ER LEVEL 2   | \$818.00   |
| HC ER LEVEL 3   | \$1,515.00 |
| HC ER LEVEL 4   | \$2,111.00 |
| HC ER LEVEL 5   | \$2,639.00 |
| HC E/M CRIT CAREER 1ST 30-74 MIN  | \$3,063.00 |

| Operating Room Charges   | Base 15 min | EA Add 15 min |
|--|-------------|---------------|
| Surgical time is charged for each 15 minutes while the operation is being performed. |             |               |
| HC SURGERY LEVEL 1   | \$1,818.00  | \$1,092.00    |
| HC SURGERY LEVEL 2   | \$2,361.00  | \$1,418.00    |
| HC SURGERY LEVEL 3   | \$2,836.00  | \$1,701.00    |
| HC SURGERY LEVEL 4   | \$3,402.00  | \$2,044.00    |
| HC SURGERY LEVEL 5   | \$4,082.00  | \$2,450.00    |
| HC SURGERY LEVEL 6   | \$4,899.00  | \$2,940.00    |
| HC SURGERY HYBRID  | \$5,878.00  | \$3,528.00    |
| HC SURGERY OHS (OPEN HEART)  | \$7,055.00  | \$4,233.00    |
| HC SURGERY ROBOT   | \$7,697.00  | \$5,078.00    |

| Physical Therapy Charges | 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.

|                                     |          |  |
|-------------------------------------|----------|--|
| HC PT EVAL LOW COMPLEX              | \$500.00 |  |
| HC PT EVAL MOD COMPLEX              | \$590.00 |  |
| HC PT EVAL HIGH COMPLEX             | \$679.00 |  |
| HC PT GAIT TRAINING EA 15 MIN       | \$153.00 |  |
| HC PT RE-EVAL EST PLAN CARE         | \$546.00 |  |
| HC PT THERAPEUTIC ACTIVITIES 15 MIN | \$200.00 |  |

| Occupational Therapy Charges | 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.

|                                     |          |  |
|-------------------------------------|----------|--|
| HC OT ADL TRAINING 15 MIN           | \$164.00 |  |
| HC OT EVAL LOW COMPLEX              | \$525.00 |  |
| HC OT EVAL MOD COMPLEX              | \$618.00 |  |
| HC OT EVAL HIGH COMPLEX             | \$711.00 |  |
| HC OT THERAPEUTIC ACTIVITIES 15 MIN | \$200.00 |  |
| HC OT THER EX PER 15 MIN            | \$153.00 |  |

| Pulmonary Therapy Charges | 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.

|                                |            |  |
|--------------------------------|------------|--|
| HC AEROSOL HHN MDI IPPB        | \$263.00   |  |
| HC VENTILATOR INITIAL DAY      | \$2,214.00 |  |
| HC PULSE OX MULTIPLE DETERMINE | \$314.00   |  |

| X-Ray and Radiological Charges | Inpatient | Outpatient |
|--------------------------------|-----------|------------|
|--------------------------------|-----------|------------|

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

**CT and MRI Charges**

|                                  |            |            |
|----------------------------------|------------|------------|
| HC CT ABDOMEN W/ CONTRAST        | \$3,976.00 | \$1,828.00 |
| HC CT ABDOMEN W/O CONTRAST       | \$3,389.00 | \$1,828.00 |
| HC CT CHEST W/ CONTRAST          | \$3,150.00 | \$2,007.00 |
| HC CT BRAIN W/O CONTRAST         | \$3,357.00 | \$1,579.00 |
| HC CT PELVIS W/ CONTRAST         | \$3,569.00 | \$2,031.00 |
| HC CT PELVIS W/O CONTRAST        | \$3,104.00 | \$1,765.00 |
| HC MRI-BRAIN W AND W/O CONTRAST  | \$8,159.00 | \$3,153.00 |
| HC MRI BRAIN W/O CONTRAST        | \$4,686.00 | \$3,038.00 |
| HC MRI-SPINE LUMBAR W/O CONTRAST | \$7,453.00 | \$1,939.00 |

**Other Imaging Procedures**

|  |             |             |
|--|-------------|-------------|
| HC NM SEST REST STRESS MULT              | \$12,254.00 | \$12,254.00 |
| HC US ABDOMINAL LIMITED                  | \$1,295.00  | \$230.00    |
| HC X-RAY ANKLE ROUT 3 VIEWS              | \$878.00    | \$692.00    |
| HC C-SPINE 2-3 VIEWS                     | \$866.00    | \$866.00    |
| HC X-RAY FOOT 2 VIEWS                    | \$555.00    | \$438.00    |
| HC X-RAY KNEE 1-2 VIEWS                  | \$612.00    | \$484.00    |
| HC MAMMO DGX UNILATERAL INCL CAD IF PERF | \$352.00    | \$524.00    |
| HC MAMMO SCREENING INCL CAD IF PERF      | \$374.00    | \$276.00    |

| Laboratory Charges  | Inpatient | Outpatient |
|---|-----------|------------|
| The following charges reflect the hospital's most common laboratory procedures. |           |            |
| HC AMYLASE  | \$189.00  | \$118.00   |
| HC CULTURE BLOOD  | \$301.00  | \$216.00   |
| HC CBC  | \$276.00  | \$43.00    |
| HC CK MB FRACTION   | \$146.00  | \$89.00    |
| HC COMPREHENSIVE METABOLIC PANEL  | \$334.00  | \$66.00    |
| HC URINE CULT/COLONY COUNT  | \$225.00  | \$72.00    |
| HC 16081 HEMATOCRIT   | \$62.00   | \$32.00    |
| HC HEMOGLOBIN   | \$60.00   | \$30.00    |
| HC GLYCOHEMOGLOBIN  | \$205.00  | \$95.00    |
| HC LIVER PROFILE-HEPATIC PANEL  | \$169.00  | \$122.00   |
| HC LIPASE   | \$228.00  | \$141.00   |
| HC LIPID PANEL  | \$299.00  | \$101.00   |
| HC TISSUE LEVEL IV  | \$935.00  | \$166.00   |
| HC PROTHROMBIN TIME   | \$150.00  | \$46.00    |
| HC ASSAY OF PSA TOTAL   | \$293.00  | \$181.00   |
| HC PTT  | \$63.00   | \$34.00    |
| HC SEDIMENTATION RATE   | \$126.00  | \$126.00   |
| HC TROPONIN   | \$276.00  | \$172.00   |
| HC THYROID STIMULATING HORMONE  | \$394.00  | \$108.00   |
| HC URINALYSIS W/ MICROSCOPY   | \$152.00  | \$110.00   |
| HC VENIPUNCTURE   | \$62.00   | \$26.00    |

### Hospital Billing Policies

Mercy Health's billing and collection policies are consistent with our Mission and Values. When you receive a bill from Mercy Health, it covers the services you received at one of our health care delivery facilities. You may receive separate bills from your personal physician, surgeon, pathologist or other health care professional.

To make a payment by phone, please call 855-262-0882 to:

- Make a payment on your account using a check or credit card.
- Request an itemized statement.
- Provide insurance information.
- Update your address and telephone number.
- Get information on our financial assistance programs and more.

You can also make a payment online using our convenient and secure online bill pay system.

If you have specific questions about your account, our Customer Service Representatives are available Mon.-Fri., 8 a.m.-4:30 p.m. We also offer a 24-hour automated customer service line and Spanish-speaking representatives.

We repeatedly offer patients access to financial help during their hospital stay and after, as well as with each billing notice. We do not charge interest to patients on their bills. We send bills to collection as a last resort, only:

- When patients have the ability to pay some portion of their health care expenses but refuse to do so.
- When patients refuse to work with us to determine if they qualify for free or discounted care via federal, state, local or hospital assistance programs.
- When we are unable to locate the patient or the person responsible for the bill.

Consumers can access a number of government and private web sites, 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](http://www.ohanet.org/portal).