

Patient Price List

In compliance with state law, Lima Memorial Health System is providing this price list containing our charges for room and board, emergency, 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 01/01/2020. For more information about patient pricing, call 567-242-0460.

Effective 1/1/2020 - 12/31/2020

Room and Board	
	Charges Per Day
CIU Inpatient	\$1,571
HVU Inpatient	\$1,889
Intensive Care	\$1,833
Labor/Delivery Birthing Room	\$1,440
Nursery	\$1,394
Obstetrics Inpatient	\$1,048
Pediatrics Inpatient	\$983
Rehab Inpatient	\$724
Routine Care	\$1,113

Labor and Delivery Charges	
The following list does not include charges for room rates, 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
Amniocentesis	\$1,804
Cesarean Section Delivery	\$8,508
Normal Delivery	\$5,821

Emergency Department Charges	
Emergency Center 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 Center physicians, radiologists or pathologists, who will bill separately for their services.	
	Charges
Critical Care	\$3,681
Emergency Level 1	\$278
Emergency Level 2	\$418
Emergency Level 3	\$780
Emergency Level 4	\$1,448
Emergency Level 5	\$2,005
Trauma Care - Level 1	\$18,406
Trauma Care - Level 2	\$12,883
Trauma Care - Level 3	\$6,443

Operating Room Charges	
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Operating room charges are based on the complexity level, with Level 1 being the most basic, for a particular operation. The prices will vary by the amount of time it takes as well as by the complexity of the procedure. These charges do not include fees for anesthesia, drugs, supplies, or additional ancillary procedures that may be required for a particular operation.

	Initial 15 Min	Each Additional 15 Min
Level 1	\$7,875	\$1,155
Level 2	\$9,345	\$1,496
Level 3	\$29,925	\$3,150
Level 5	\$9,975	\$1,785

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 INS/SELF CARE HOME MGT-15M	\$136
AQUATIC THERAPY - EA 15 MIN	\$166
DYNAMIC THERAPEUTIC ACT-15 MIN	\$143
GAIT TRAINING - EACH 15 MIN	\$134
HEEL LIFT - PT	\$21
HEIR FORCE - 1 HOUR - PT	\$72
HEIR FORCE - 30 MIN - PT	\$36
MANUAL THERAPY - EACH 15 MIN	\$166
NEURO MUSCULAR RE-ED - 15 MIN	\$16
PADS, CONTINOUS PASSIVE MOTION	\$44
PT EVAL HIGH COMPLEX 45 MIN	\$366
PT EVAL LOW COMPLEX 20 MIN	\$318
PT EVAL MOD COMPLEX 30 MIN	\$342
PT RE-EVALUATION - PT	\$202
THERAPEUTIC EXERC-15 MIN - PT	\$119
WHEELCHAIR MOBILITY TRAIN 15M	\$83

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
OT EVAL HIGH COMPLEX 60 MIN	\$366
OT EVAL LOW COMPLEX 30 MIN	\$318
OT EVAL MOD COMPLEX 45 MIN	\$342
OT-COGNITIVE SKILLS	\$164
OT-ELECTRICAL STIM ATTENDED	\$164
OT-ELECTRICAL STIM UNATTENDED	\$124
OT-HEIR FORCE-1 HR	\$72
OT-HEIRFORCE-30 MIN	\$36
OT-HOT OR COLD PACKS	\$46
OT-MANUAL THERAPY	\$166
OT-NEUROMUSCULAR RE-EDUCATION	\$166
OT-PARAFFIN BATH THERAPY	\$103
OT-RE-EVALUATION	\$202
OT-SELF CARE/HOME MGMT TRAIN	\$136
OT-SENSORY INTEGRATION	\$160
OT-THERAPEUTIC ACTIVITIES	\$143
OT-THERAPEUTIC EXERCISE	\$119
OT-ULTRASOUND	\$138

Pulmonary Therapy 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
BRONCHO PROVOCATION TEST	\$1,958
C O DIFFUSION	\$342
OVERNIGHT PULSE OXIMETRY	\$595
OXIMETRY MEASUR MULTIP/W EXERC	\$298
OXIMETRY MEASUREMENT SINGLE	\$179
OXIMETRY SLEEP STUDY	\$595
PRE & POST SPIROMETRY	\$874
PULM STRESS TESTING 6 MIN WALK	\$351
PULSE OXIMETRY SINGLE DETERMIN	\$179
SPIROMETRY	\$778

X-Ray and Radiological Charges

The following charges reflect the hospital's 30 most common X-ray and radiological procedures. These charges would not include any radiologist's fees that would be billed separately by their office.

	Inpatient	Outpatient
ANKLE MIN 3 VIEWS	\$525	
CHEST 1 VIEW FRONTAL	\$290	
CHEST 2 VIEW FRONTAL & LATERAL	\$575	
CONTRAST, OMNI 300 FLEX 100ML	\$103	
CONTRAST, OMNIPAQUE 300 30ML	\$14	
CONTRAST, OMNIPAQUE 350 100ML	\$67	
CT ABDOMEN & PELVIS W CONTRAST	\$4,370	\$3,339
CT ABDOMEN & PELVIS WO CONTRAS	\$3,658	\$2,878
CT ANGIOGRAPHY CHEST W/WO	\$3,008	\$1,700
CT CERVICAL SPINE WO CONTRAST	\$2,300	
CT CHEST WITH CONTRAST	\$2,489	\$1,000
CT HEAD OR BRAIN W/O CONTRAST	\$1,900	
DRESSING, TEGADERM TRAN 4X4	\$2	
DUPLEX CAROTID ARTERIES COM BI	\$1,282	
DUPLEX EXTREMITY VEINS UNI/LIM	\$1,035	
FOOT MIN 3 VIEWS	\$425	\$380
IMRT COMPLEX	\$2,070	
IV, NORMAL SALINE 60ML 0.9%	\$5	
LUMBAR SPINE 2-3 VIEWS	\$575	
MEDRAD SINGLE SYRINGE	\$32	
MYOCARD PERF SPECT MX STUDIES	\$6,555	
POST CONTRAST IV SETUP W/O BAG	\$4	
RAD TRTMT DEL >1MEV COMPLEX	\$1,312	
RETROPERITONEAL COMPLETE	\$949	
SHOULDER MIN 2 VIEWS	\$525	\$400
SYRINGE, PREFILLED FLUSH 12ML	\$2	
TC CARDIOLITE SESTAMIBI DOSE *	\$172	
TUBING FOR DUAL SYRINGE	\$11	
US ABDOMEN LIMITED	\$1,465	\$850
X-RAY EXAM ABDOMEN 1 VIEW	\$375	

Laboratory Charges

The following charges reflect the hospital's most common outpatient laboratory procedures. Inpatient charges may vary from those shown here. These charges would not include any pathologist's fees that would be billed directly by their office.

	Inpatient	Outpatient
*GROSS & MICRO LEVEL IV 88305	\$401	
ANTIBIOTIC SUSCEPTIBILITY	\$96	\$28
ANTIBODY SCREEN	\$92	
APTT	\$56	\$16
BASIC METABOLIC PANEL BMP	\$314	\$40
BLOOD TYPING,SEROLOGIC;ABO	\$100	
BLOOD TYPING,SEROLOGIC;RH	\$35	
CAPILLARY PUNCTURE.CAP	\$22	\$4
CBC WITHOUT DIFF	\$60	\$20
COMPLETE BLOOD COUNT	\$92	\$25
COMPREHENSIVE METABOLIC PANEL	\$559	\$70
CULTURE,BLOOD.BC	\$148	
CULTURE,ROUTINE	\$154	\$19
CULTURE,URINE.UC,UCR	\$60	\$31
DIFF SCAN (BILL ONLY)	\$14	\$13
HEPATIC PANEL	\$289	\$35
HGB A1C	\$174	\$34
LACTIC ACID SERUM	\$152	
LIPASE	\$141	
LIPID PANEL	\$177	\$39
MAGNESIUM	\$91	
PHARMACY PROTHROMBIN TIME	\$50	
PHOSPHORUS, SERUM	\$41	\$12
POTASSIUM (K)	\$52	\$12
PROTHROMBIN TIME	\$43	\$19
T4 FREE	\$209	\$24
TROPONIN, QUANTITATIVE	\$132	
TSH	\$235	\$59
URFLX,POSSIBLE CULTURE.URFLX	\$71	\$13
VENIPUNCTURE, COLL VENOUS BLD	\$22	\$8