

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 01/01/19. For more information about patient pricing, call 567-242-0460.

Effective 1/1/2019 - 12/31/2019

Room and Board	
	Charges Per Day
CIU Inpatient	\$1,496
HVU Inpatient	\$1,799
Intensive Care	\$1,746
Labor/Delivery Birthing Room	\$1,371
Nursery	\$1,328
Obstetrics Inpatient	\$998
Pediatrics Inpatient	\$936
Rehab Inpatient	\$690
Routine Care	\$1,019
Transitional Care Inpatient	\$564

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	\$8,103
Normal Delivery	\$5,543

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	\$3,506
Emergency Level 1	\$250
Emergency Level 2	\$375
Emergency Level 3	\$700
Emergency Level 4	\$1,300

Emergency Level 5	\$1,800
Trauma Care - Level 1	\$16,006
Trauma Care - Level 2	\$11,203
Trauma Care - Level 3	\$5,603

Operating Room Charges

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 anesthesiology, drugs, supplies, or additional ancillary procedures that may be required for a particular operation.

	Initial 15 Min	Each Additional 15 Min
Level 1	\$7,500	\$1,100
Level 2	\$8,900	\$1,425
Level 3	\$28,500	\$3,000
Level 5	\$9,500	\$1,700

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	\$121
AQUATIC GROUP THERAPY	\$172
AQUATIC THERAPY - EA 15 MIN	\$166
COLD OR HOT PACK - PT	\$46
DYNAMIC THERAPEUTIC ACT-15 MIN	\$143
GAIT TRAINING - EACH 15 MIN	\$134
HEEL LIFT - PT	\$21
IMMOBILIZER, KNEE	\$138
MANUAL THERAPY - EACH 15 MIN	\$166
MASSAGE - EACH 15 MIN - PT	\$136
NEURO MUSCULAR RE-ED - 15 MIN	\$166
PADS, CONTINUOUS 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
ULTRASOUND - EACH 15 MIN - PT	\$136
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
AQUATIC THERAPY EA 15 MIN OT	\$166
FINGER ORTHOTIC RIGID-CUSTOM	\$80
HAND FINGER ORTH RIGID-CUSTOM	\$250
OT EVAL HIGH COMPLEX 60 MIN	\$366
OT EVAL LOW COMPLEX 30 MIN	\$318

OT EVAL MOD COMPLEX 45 MIN	\$342
OT-COGNITIVE SKILLS	\$143
OT-ELECTRICAL STIM ATTENDED	\$164
OT-ELECTRICAL STIM UNATTENDED	\$118
OT-HOT OR COLD PACKS	\$46
OT-IONTOPHORESIS	\$170
OT-MANUAL THERAPY	\$166
OT-NEUROMUSCULAR RE-EDUCATION	\$166
OT-ORTHOTIC MGMT AND TRAINING	\$167
OT-PARAFFIN BATH THERAPY	\$103
OT-PHONOPHORESIS	\$138
OT-RE-EVALUATION	\$202
OT-SELF CARE/HOME MGMT TRAIN	\$121
OT-SENSORY INTEGRATION	\$152
OT-SPLINT-FUTURA-PREFAB	\$56
OT-SPLINT-PIP EXTENSION ORTHO	\$54
OT-THERAPEUTIC ACTIVITIES	\$143
OT-THERAPEUTIC EXERCISE	\$119
OT-ULTRASOUND	\$138
OT-WHIRLPOOL THERAPY	\$173
REPAIR ORTHOTIC DEVICE, LABOR	\$35
WRIST/HAND/FING ORT RIGID-CUST	\$335

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
OXIMETRY MEASUREMENT SINGLE	\$179
OXIMETRY SLEEP STUDY	\$500
PRE & POST SPIROMETRY	\$874
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
CT ABDOMEN & PELVIS W CONTRAST	\$4,214	\$3,339
CT ABDOMEN & PELVIS WO CONTRAS	\$3,527	\$2,878
CT ANGIOGRAPHY CHEST W/WO	\$2,900	\$1,700
CT CERVICAL SPINE WO CONTRAST	\$2,300	
CT CHEST WITH CONTRAST	\$2,400	\$1,000
CT CHEST WITHOUT CONTRAST	\$1,900	\$800
CT HEAD OR BRAIN W/O CONTRAST	\$1,900	
MRI BRAIN W/O CONTRAST	\$2,600	\$2,210
MRI LUMBAR SPINE W/O CONTRAST	\$4,950	\$3,168
MRI BRAIN W/O CONT FOLLOW W/C	\$3,400	\$2,890
X-RAY EXAM ABDOMEN 1 VIEW	\$366	

X-RAY EXAM ANKLE MIN 3 VIEWS	\$400
X-RAY EXAM BASIC DOSIMETRY CALCUL-RAD TX	\$772
X-RAY EXAM CHEST 1 VIEW FRONTAL	\$310
X-RAY EXAM CHEST 2 VIEW FRONTAL & LATERAL	\$616
X-RAY EXAM CHEST 2 VIEW FRONTAL & LATERAL	\$616
X-RAY EXAM CONT MED RAD PHYSICS CONS,WKLY	\$1,351
X-RAY EXAM DUPLEX CAROTID ARTERIES COM BI	\$1,225
X-RAY EXAM DUPLEX EXTREMITY COMP BILATERA	\$1,861
X-RAY EXAM DUPLEX EXTREMITY VEINS UNI/LIM	\$900
X-RAY EXAM FOOT MIN 3 VIEWS	\$380
X-RAY EXAM HAND MIN 3 VIEWS	\$380
X-RAY EXAM HIP UNI 2-3 VIEWS	\$375
X-RAY EXAM IMRT COMPLEX	\$1,800
X-RAY EXAM KNEE 4 OR MORE VIEWS	\$500
X-RAY EXAM LUMBAR SPINE 2-3 VIEWS	\$450
X-RAY EXAM MYOCARD PERF SPECT MX STUDIES	\$5,700
X-RAY EXAM RAD TRTMT DEL >1MEV COMPLEX	\$1,141
X-RAY EXAM RETROPERITONEAL COMPLETE	\$825
X-RAY EXAM SHOULDER MIN 2 VIEWS	\$400

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	\$40	\$100
BLOOD TYPING;SEROLOGIC;RH	\$29	\$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	\$151	\$34
IRON	\$83	\$17
LIPASE	\$123	
LIPID PANEL	\$177	\$39
MAGNESIUM	\$79	
PHARMACY PROTHROMBIN TIME	\$50	
PHOSPHORUS, SERUM	\$36	\$12
PROTHROMBIN TIME	\$43	\$19
T4 FREE	\$182	\$24

TROPONIN, QUANTITATIVE	\$115	
TSH	\$204	\$59
URFLX,POSSIBLE CULTURE.URFLX	\$62	\$13
VENIPUNCTURE, COLL VENOUS BLD	\$22	\$8
VITAMIN D; 25 HYDROXY	\$104	