



Fiscal Year 2018 Price List

Pricing Disclosure:
 All charges noted are estimated, and are subject to change depending on the final level of service provided. Your actual charge may vary based on visit length, severity, as well as additional tests and labs ordered by your physician. Depending on your insurance plan and/or benefit, you may be responsible for some or all of these charges. Please contact us at 517-437-5222 for an estimate of services not listed here.

Please note that you will receive a separate bill for each professional service provided, such as a radiologist, surgeon, pathologist, or anesthesiologist. Physicians bill their charges separately from the hospital.

Daily Room Rates

Medical/Surgical	\$ 1,262
Intensive Care	\$ 1,726
Joint Replacement	\$ 1,380
Nursery	\$ 1,000
Obstetrics	\$ 932
Bariatric	\$ 1,380

Skilled Nursing Facility	\$ 300
Psychiatric	\$ 994

Delivery/Birthing room	\$ 690.60
Labor Room 1st Hour	\$ 416.00
Labor Room each additional hour	\$ 195.50

Emergency Room Visit Charges*

ER Level 1	\$ 123.00
ER Level 2	\$ 177.80
ER Level 3	\$ 328.20
ER Level 4	\$ 553.40
ER Level 5	\$ 778.90

*Level based on severity - Level 1 = Minor, Level 5 = Critical

Physical Therapy

PT Evaluation (Initial)	\$ 152.50
PT Re-evaluation	\$ 63.50
Aquatic per 15 minutes	\$ 71.50
Gait Training per 15 minutes	\$ 46.70
Massage per 15 minutes	\$ 78.30
Therapeutic Exercise per 15 minutes	\$ 132.10
PT Ultrasound per 15 minutes	\$ 50.50

Occupational Therapy

OT Evaluation Moderate Complexity	\$ 181.70
OT Re-evaluation	\$ 70.90
Self Care Home Mgmt 15 Min	\$ 64.10
Therapeutic Exercise Group 15 Min	\$ 34.20
Therapeutic Exercise per 15 Min	\$ 132.10
OT Ultrasound per 15 minutes	\$ 50.50
Wheelchair Mgmt Training 15 Min	\$ 65.00

Radiology

X-RAY

Abdomen	\$ 67.90
Ankle (3 views)	\$ 122.90
Bone Mineral Density	\$ 221.90
Cervical Spine (2 or 3 views)	\$ 169.50
Chest (2 views)	\$ 93.20
Foot (2 views)	\$ 71.80
GI Series	\$ 183.70
Hand (3 views)	\$ 119.30
Knee (3 views)	\$ 138.40
Lumbar Spine (1 view)	\$ 176.50
Mammography Diagnostic	\$ 253.80
Mammography Screening	\$ 238.10

CT Scans

CT Abd/Pelvis w/ Contrast	\$ 2,234.90
CT Bone Density	\$ 286.60
CT Cervical Spine w/o Contrast	\$ 1,314.30
CT Chest w/o Contrast	\$ 1,092.90
CT Head w/o Contrast	\$ 693.80
CT Lower Extremity w/o Contrast	\$ 1,314.30
CT Upper Extremity w/o Contrast	\$ 960.60
CTA Cardiac w/o Ejection Fraction	\$ 1,086.00
CTA Chest Angio	\$ 1,075.50

Inpatient Services*

*based on average charge of entire patient stay

Vaginal Delivery	\$ 7,708
Cesarean Section Delivery	\$ 12,448
Newborn Care	\$ 2,210
Joint Replacement	\$ 33,682
Septicemia	\$ 17,112
Hysterectomy	\$ 12,493

Surgical Procedures*

*based on average charge of entire patient visit

Carpal Tunnel	\$ 3,271
Cataract Surgery	\$ 3,334
Colonoscopy	\$ 2,834
Laparoscopic Cholecystectomy	\$ 7,947
Shoulder Scope	\$ 15,915
Upper GI Endoscopy (EGD)	\$ 2,621
Breast Biopsy	\$ 2,708

Laboratory

PSA Screening	\$ 99.60
Hemoglobin A1C	\$ 29.40
Extended Chemistry Profile	\$ 70.00
Basic Chemistry Profile	\$ 50.50
Lipid Profile	\$ 69.20
T4 Free	\$ 73.90
TSH	\$ 35.90
Vitamin D, 25-Hydroxy	\$ 117.90
Prothrombin Time (INR)	\$ 21.00
PTT	\$ 21.00
CBC with Auto Diff	\$ 32.60
Rheumatoid Factor (RA)	\$ 3.50
ANA (Anti-Nuclear Antibody)	\$ 9.50
Urinalysis	\$ 16.40
Urinalysis Microscopic	\$ 32.20
Hemocult OC-Light; FOB Screening	\$ 47.70
Venipuncture	\$ 8.80
Hepatic Function Panel	\$ 54.40
Renal Function Panel	\$ 50.20
Acute Hepatitis Profile	\$ 92.25

Speech Therapy

Evaluation of swallow function	\$ 208.30
Evaluation of Qualitative Analysis Voice	\$ 191.40
Evaluation Speech Fluency	\$ 159.70
Evaluation Speech Sound Production	\$ 131.30
Motion Fluoroscopy Swallow	\$ 208.30
Swallow and Oral Function Treatment	\$ 251.50
Treatment of Speech Auditory Disorder	\$ 196.80

Cardiopulmonary

Arterial Blood Gas	\$ 179.90
Arterial Puncture	\$ 409.40
Electrocardiogram (EKG)	\$ 73.40
EEG Extended Monitoring > 1 hr	\$ 1,218.50
Pulmonary Function Test (PFT)	\$ 721.00
Stress Test	\$ 640.50
Holter Monitor	\$ 370.40

MRI

MRA Head w/o Intra Cranial	\$ 913.30
MRI Abdominal w/o Contrast	\$ 1,222.30
MRI Brain w/o Contrast	\$ 1,392.50
MRI C-Spine w/o Contrast	\$ 1,324.10
MRI Joint of Lower Extremity w/o Cont	\$ 1,670.90
MRI Joint of Upper Extremity w/o Cont	\$ 1,456.50
MRI Lumbar Spine w/o Contrast	\$ 1,324.10
MRI T-Spine w/o Contrast	\$ 1,222.30

Ultrasound

Abdominal Ultrasound	\$ 257.00
OB Ultrasound Greater than 14 weeks	\$ 369.00
OB Ultrasound Less than 14 weeks	\$ 388.50

Nuclear Medicine

Nuclear Medicine Bone Scan Total	\$ 793.50
Hepatobiliary with Intervention	\$ 1,151.80
Myocardial Perfusion/Multiple	\$ 1,832.50