

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 separate bills for each professional service provided, such as radiologist, surgeon, pathologist, anesthesiologist. Physicians bill their charges separately from the hospital.

Daily Room Rates

Medical/Surgical	\$1,336
Intensive Care	\$1,828
Specialty Services Unit	\$1,461
Obstetrics	\$987
Nursery	\$1,059
Bariatric	\$1,461
Skilled Nursing Facility	\$318
Psychiatric	\$1,062
Delivery/Birthing Room	\$731
Labor Room 1st hour	\$441
Labor Room each additional hour	\$201

Emergency Room Visit Charges*

ER Level 1	\$130
ER Level 2	\$188
ER Level 3	\$348
ER Level 4	\$586
ER Level 5	\$825

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

Inpatient Services*

Vaginal Delivery	\$8,162
Cesarean Section Delivery	\$13,181
Newborn Care	\$2,340
Specialty Surgery	\$37,000
Hysterectomy	\$13,228

*based on average charge of entire patient stay

Surgical Procedures*

Carpal Tunnel	\$3,463
Cataract Surgery	\$3,530
Knee Scope	\$8,327
Colonoscopy	\$3,001
Shoulder Scope	\$19,488
Upper GI Endoscopy (EGD)	\$2,776
Breast Biopsy	\$2,868

*Based on average charge of entire patient stay

Physical Therapy

PT Evaluation (Initial)	\$164
PT Re-evaluation	\$67
Aquatic per 15 minutes	\$76
Gait Training per 15 minutes	\$50
Massage per 15 minutes	\$83
Therapeutic Exercise per 15 minutes	\$140
PT Ultrasound per 15 minutes	\$54

Occupational Therapy

OT Evaluation Moderate Complexity	\$193
OT Re-evaluation	\$75
Self Care Home Mgmt 15 minutes	\$68
Therapeutic Exercise Group 15 mins	\$36
Therapeutic Exercise 15 minutes	\$140
OT Ultrasound	\$54
Wheelchair Mgmt Training 15 minutes	\$69

Speech Therapy

Evaluation of Swallow Function	\$220
Evaluation of Qualitative Analysis Voice	\$203
Evaluation Speech Fluency	\$170
Evaluation Speech Sound Production	\$139
Motion Fluoroscopy Swallow	\$221
Swallow and Oral Function Treatment	\$266
Treatment of Speech Auditory Disorder	\$208

Cardiopulmonary

Arterial Blood Gas	\$191
Arterial Puncture	\$434
Electrocardiogram (EKG)	\$78
EEG Extended Monitoring	\$1,290
Stress Test	\$678
Holter Monitor	\$271
Pulmonary Function Test (PFT)	\$764

Laboratory

PSA Screening	\$106
Hemoglobin A1C	\$31
Extended Chemistry Profile	\$74
Lipid Profile	\$73
Basic Chemistry Profile	\$53
T4 Free	\$78
TSH	\$38
Vit-D 25-Hydroxy	\$124
CBC with Auto Diff	\$35
Rheumatoid Factor (RA)	\$4
ANA (Anti-Nuclear Antibody)	\$10
Urinalysis	\$17
Urinalysis Microscopic	\$34
Hemocult OC-Light; FOB Screening	\$50
Venipuncture	\$9
Hepatic Function Panel	\$58
Renal Function Panel	\$53
Acute Hepatitis Profile	\$95

Radiology

<u>X-Ray</u>	
Abdomen	\$72
Ankle (3 views)	\$131
Bone Mineral Density	\$304
Cervical Spine (2 or 3 views)	\$180
Chest (2 views)	\$99
Foot (3 views)	\$131
GI Series	\$194
Hand (3 views)	\$126
Knee (3 views)	\$147
Lumbar Spine (2-3 view)	\$188
Mammography Diagnostic	\$370
Mammography Screening	\$356

Ultrasound

Abdominal Ultrasound	\$272
OB Ultrasound Greater than 14 weeks	\$390
OB Ultrasound Less than 14 weeks	\$411

Nuclear Medicine

Nuclear Medicine Bone Scan Total	\$840
Hepatobiliary with Intervention	\$1,219
Myocardial Perfusion/Multiple	\$1,941

CT Scans

CT Abd/Pelvis w/ Contrast	\$2,366
CT Bone Density	\$303
CT Cervical Spine w/o Contrast	\$1,392
CT Chest w/o Contrast	\$1,157
CT Head w/o Contrast	\$735
CT Lower Extremity w/o Contrast	\$1,392
CT Upper Extremity w/o Contrast	\$1,017
CTA Cardiac w/o Ejection Fraction	\$1,150
CTA Chest Angio	\$1,139

MRI

MRA Head w/o Intra Cranial	\$967
MRI Abdominal w/ and w/o Contrast	\$1,931
MRI Brain w/o Contrast	\$1,474
MRI C-Spine w/o Contrast	\$1,421
MRI Joint of Lower Extremity w/o Contrast	\$1,769
MRI Joint of Upper Extremity w/o Contrast	\$1,542
MRI Lumbar Spine w/o Contrast	\$1,402
MRI T-Spine w/o Contrast	\$1,294

EXTENDED BILLING SERVICES FOR PHYSICIAN SERVICES AT HILLSDALE HOSPITAL

EMERGENCY PHYSICIAN BILLING ISLAND MEDICAL-HILLSDALE	877-716-2447
RADIOLOGY PHYSICIAN BILLING PREMIER RADIOLOGY	844-279-5008
HOSPITAL EMPLOYED PHYSICIANS INSURANCE DATA SERVICES (IDS)	800-968-6866
ANESTHESIA BILLING SERVICES NORTH STAR	888-850-0288
HOSPITALIST PHYSICIAN GROUP MICHIGAN EMERGENCY PHYSICIAN SCHUMACHER CLINICAL PARTNERS	866-603-4198

Pricing updated July 2019