



**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	\$1,417
Intensive Care	\$1,940
Specialty Services Unit	\$1,550
Obstetrics	\$1,048
Nursery	\$1,124
Bariatric	\$1,550
Skilled Nursing Facility	\$338
Psychiatric	\$1,127
Delivery/Birthing Room	\$776
Labor Room 1st hour	\$468
Labor Room each additional hour	\$220

**Emergency Room Visit Charges\***

ER Level 1	\$138
ER Level 2	\$199
ER Level 3	\$368
ER Level 4	\$621
ER Level 5	\$875

\*Level based on severity

Level 1=Minor Level 5=Critical

**Inpatient Services\***

Vaginal Delivery	\$8,658
Cesarean Section Delivery	\$13,983
Newborn Care	\$2,482
Specialty Surgery	\$39,253

\*based on average charge of entire ,

**Surgical Procedures\***

Breast Biopsy	\$3,043
Carpal Tunnel	\$3,678
Cataract Surgery	\$3,745
Colonoscopy	\$3,193
Hysterectomy	\$14,034
Knee Scope	\$8,834
Shoulder Scope	\$20,674
Upper GI Endoscopy (EGD)	\$2,945

\*Based on average charge of entire patient stay

**Physical Therapy**

PT Evaluation (Initial)	\$171
PT Re-evaluation	\$72
Aquatic per 15 minutes	\$80
Gait Training per 15 minutes	\$53
Massage per 15 minutes	\$88
Therapeutic Exercise per 15 minutes	\$149
PT Ultrasound per 15 minutes	\$57

**Occupational Therapy**

OT Evaluation Moderate Complexity	\$204
OT Re-evaluation	\$80
Self Care Home Mgmt 15 minutes	\$72
Therapeutic Exercise Group 15 mins	\$39
Therapeutic Exercise 15 minutes	\$149
OT Ultrasound	\$57
Wheelchair Mgmt Training 15 minutes	\$71

**Speech Therapy**

Evaluation of Swallow Function	\$234
Evaluation of Qualitative Analysis Voice	\$215
Evaluation Speech Fluency	\$174
Evaluation Speech Sound Production	\$148
Motion Fluoroscopy Swallow	\$234
Swallow and Oral Function Treatment	\$283
Treatment of Speech Auditory Disorder	\$221

**Cardiopulmonary**

Arterial Blood Gas	\$202
Arterial Puncture	\$460
Electrocardiogram (EKG)	\$83
EKG Extended Monitoring	\$1,369
Stress Test	\$720
Holter Monitor	\$287
Pulmonary Function Test (PFT)	\$810

**Laboratory**

PSA Screening	\$111
Hemoglobin A1C	\$33
Extended Chemistry Profile	\$78
Lipid Profile	\$77
Basic Chemistry Profile	\$57
T4 Free	\$8
TSH	\$39
Vit-D 25-Hydroxy	\$129
CBC with Auto Diff	\$37
Rheumatoid Factor (RA)	\$4
ANA (Anti-Nuclear Antibody)	\$12
Urinalysis	\$19
Urinalysis Microscopic	\$36
Hemocult OC-Light; FOB Screening	\$53
Venipuncture	\$10
Hepatic Function Panel	\$61
Renal Function Panel	\$55
Acute Hepatitis Profile	\$101

**Radiology**

<u>X-Ray</u>	
Abdomen	\$76
Ankle (3 views)	\$138
Bone Mineral Density	\$321
Cervical Spine (2 or 3 views)	\$190
Chest (2 views)	\$104
Foot (3 views)	\$140
GI Series	\$221
Hand (3 views)	\$134
Knee (3 views)	\$156
Lumbar Spine (2-3 view)	\$198
Mammography Diagnostic	\$392
Mammography Screening	\$377

Ultrasound

Abdominal Ultrasound	\$402
OB Ultrasound Greater than 14 weeks	\$414
OB Ultrasound Less than 14 weeks	\$436

Nuclear Medicine

Nuclear Medicine Bone Scan Total	\$767
Hepatobiliary with Intervention	\$1,194
Myocardial Perfusion/Multiple	\$1,589

CT Scans

CT Abd/Pelvis w/ Contrast	\$2,510
CT Bone Density	\$321
CT Cervical Spine w/o Contrast	\$1,487
CT Chest w/o Contrast	\$1,228
CT Head w/o Contrast	\$779
CT Lower Extremity w/o Contrast	\$1,265
CT Upper Extremity w/o Contrast	\$1,078
CTA Cardiac w/o Ejection Fraction	\$1,220
CTA Chest Angio	\$1,208

MRI

MRA Head w/o Intra Cranial	\$974
MRI Abdominal w/ and w/o Contrast	\$2,048
MRI Brain w/o Contrast	\$1,564
MRI C-Spine w/o Contrast	\$1,487
MRI Joint of Lower Extremity w/o Contrast	\$1,877
MRI Joint of Upper Extremity w/o Contrast	\$1,636
MRI Lumbar Spine w/o Contrast	\$1,487
MRI T-Spine w/o Contrast	\$1,373

**EXTENDED BILLING SERVICES FOR PHYSICIAN SERVICES AT HILLSDALE HOSPITAL**

EMERGENCY PHYSICIAN BILLING HILLSDALE EMERGENCY PHYSICIANS	888-703-3301
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 2021\*\*