



## Patient Price Information List

In compliance with federal law, Bradford Regional Medical Center is providing this price list containing our room and board, inpatient service, emergency room, operating room, physical therapy and other procedures. The hospital's charges are the same for all patients but total charges and patient's responsibility may vary based on severity, acuity, length of stay and the patient's individual health insurance coverage contract. Average payment is based on the average amount received from all insurers for the services listed. Uninsured or underinsured patients should consult with a hospital Financial Liaison to determine if they qualify for discounts. If you do not find the service you are looking for please contact our Financial Liaison at (814) 362-8588 or email us at [billing@uahs.org](mailto:billing@uahs.org).

Effective April 1, 2016

### Room and Board – Per Day Charges

|                     | <u>Private</u> | <u>Semi-Private</u> |
|---------------------|----------------|---------------------|
| Medical/Surgical    | \$707.00       | \$650.00            |
| Labor & Delivery    | \$750.00       | \$598.00            |
| Nursery             |                | \$530.50            |
| ICU/CCU             |                | \$1,035.00          |
| MICA/Dual Diagnosis |                | \$900.00            |
| Psychiatric         |                | \$900.00            |

### Observation Rates

|                                | <u>Private</u> | <u>Semi-Private</u> |
|--------------------------------|----------------|---------------------|
| Medical Observation per hour   |                | \$ 25.00            |
| Telemetry Observation per hour |                | \$ 26.00            |

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### Inpatient Services

The following list reflects the hospital's top 20 Inpatient services, determined by a patient's condition. Average charges include fees for drugs, supplies and additional ancillary services provided. They do not include fees for physicians who treat the patient, interpret radiology exams, pathology specimens or provide anesthesia services.

|  | <u>Average Charge</u> | <u>Average Payment</u> |
|--|-----------------------|------------------------|
| Acute Anxiety & Delirium   | \$ 3,803.87           | \$ 1,390.04            |
| Alcohol Abuse or Dependence without Comorbidity complication(s)  | \$ 5,119.44           | \$ 3,875.06            |
| Alcohol Abuse or Dependence with Rehabilitation Therapy          | \$19,813.98           | \$ 9,499.45            |
| Alcohol/Drug Abuse or Dependence, left AMA                       | \$ 6,953.58           | \$ 2,569.21            |
| Cellulitis without major comorbidity complication                | \$ 6,836.66           | \$ 5,034.93            |
| Chronic Obstructive Pulmonary Disease with complication          | \$12,376.23           | \$ 6,152.68            |
| Chronic Obstructive Pulmonary Disease with major complication    | \$12,251.16           | \$ 7,132.02            |
| Chronic Obstructive Pulmonary Disease without major complication | \$ 9,654.81           | \$ 4,346.18            |
| Esophagitis, Gastroenteritis without major complication          | \$ 7,939.55           | \$ 4,535.72            |
| Gastro Intestinal Hemorrhage with complication                   | \$ 8,675.86           | \$ 6,684.57            |
| Gastro Intestinal Obstruction without major complication         | \$ 6,950.80           | \$ 4,370.67            |

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|   | <u>Average Charge</u> | <u>Average Payment</u> |
|---|-----------------------|------------------------|
| Heart Failure & Shock with major comorbidity complication                                   | \$13,413.61           | \$ 9,178.90            |
| Major Joint Replacement (Hip, Knee)   | \$30,576.21           | \$13,562.56            |
| Misc Disorders of Nutrition, Metabolism, Fluids/ Electrolytes without major complication(s) | \$ 6,834.72           | \$ 4,472.66            |
| Normal Newborn Weight >2499g, with other Problem(s)   | \$ 1,990.15           | \$ 1,767.97            |
| Pneumonia Other   | \$ 6,360.79           | \$ 3,639.53            |
| Pneumonia Simple & Pleurisy with comorbidity complication(s)                                | \$11,085.10           | \$ 6,371.36            |
| Pneumonia Simple & Pleurisy without comorbidity or major complication(s)                    | \$ 7,942.09           | \$ 4,540.87            |
| Psychoses   | \$ 6,209.57           | \$ 4,466.50            |
| Psychosocial Dysfunction & Acute Adjustment Reaction  | \$ 3,901.06           | \$ 2,600.00            |
| Septicemia, Severe Sepsis without Vent assist >96 hours with major comorbidity complication | \$15,706.73           | \$10,423.69            |
| Septicemia, Severe Sepsis without Vent assist >96 hours without comorbidity complication    | \$12,568.88           | \$ 7,242.67            |
| Dispressive Disorders Major & Other/Unspecified Psychoses                                   | \$ 5,516.05           | \$ 2,399.29            |
| Pulmonary Edema & Respiratory Failure   | \$13,987.18           | \$ 7,553.84            |
| Kidney & Urinary Tract Infection without Major comorbidity complication                     | \$ 6,878.07           | \$ 5,088.09            |



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### Obstetric Services

The following list reflects hospital charges only. Fees for physician services or anesthesia administration are not reflected, and will be billed separately.

|   | <u>Average Charge</u> | <u>Average Payment</u> |
|---|-----------------------|------------------------|
| Cesarean Delivery without complication(s) | \$ 9,493.46           | \$ 4,711.69            |
| Normal Newborn                            | \$ 1,759.68           | \$ 1,305.28            |
| Vaginal Delivery without complication(s)  | \$ 4,568.30           | \$ 3,128.81            |

### Emergency Room Services

Emergency Department 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 include and average fee for drugs, supplies or additional ancillary procedures that may be required for a particular emergency treatment. They also do not include fees for Emergency Department physicians, who will bill separately for their services.

|                              | <u>Average Charge</u> | <u>Average Payment</u> |
|------------------------------|-----------------------|------------------------|
| Emergency Room Visit Level 1 | \$ 140.17             | \$ 31.14               |
| Emergency Room Visit Level 2 | \$ 269.32             | \$ 53.25               |
| Emergency Room Visit Level 3 | \$ 627.49             | \$ 141.51              |
| Emergency Room Visit Level 4 | \$ 1,883.27           | \$ 526.29              |
| Emergency Room Visit Level 5 | \$ 4,858.52           | \$ 1,687.93            |



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### Operating Room Services

The following list includes averages charges for anesthesia, drugs, and supplies required for particular operating room procedures for our top 15 outpatient surgeries. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately.

|  | <u>Average Charge</u> | <u>Average Pymt</u> |
|--|-----------------------|---------------------|
| CARPAL TUNNEL SURGERY                          | \$ 2,656.70           | \$ 1,357.59         |
| CATARACT REMOVAL W/LENS STAGE 2                | \$ 3,638.88           | \$ 1,684.85         |
| COLONOSCOPY AND BIOPSY                         | \$ 1,733.44           | \$ 1,012.25         |
| COLONOSCOPY W/LESION REMOVAL                   | \$ 1,990.59           | \$ 901.48           |
| TUBES IN EAR DRUM                              | \$ 1,634.18           | \$ 1,051.09         |
| CYSTOSCOPY                                     | \$ 1,828.72           | \$ 595.27           |
| COLORECTAL CANCER SCREENING, NOT HIGH RISK     | \$ 1,383.55           | \$ 833.33           |
| COLORECTAL CANCER SCREENING, HIGH RISK         | \$ 1,398.28           | \$ 818.65           |
| DIAGNOSTIC COLONOSCOPY                         | \$ 1,529.79           | \$ 923.44           |
| EGD BIOPSY SINGLE/MULTIPLE                     | \$ 1,727.47           | \$ 871.81           |
| CATHETER-TUNNELED/INSERTION (MEDI PORT INSERT) | \$ 6,007.53           | \$ 2,146.22         |
| KNEE ARTHROSCOPY, SURGICAL MEDIAL & LATERAL    | \$ 5,799.88           | \$ 2,447.76         |
| KNEE ARTHROSCOPY, SURGICAL MEDIAL OR LATERAL   | \$ 6,194.30           | \$ 2,795.71         |
| LAPAROSCOPIC CHOLECYSTECTOMY                   | \$ 7,140.58           | \$ 4,171.13         |
| LITHOTRIPSY                                    | \$ 10,675.68          | \$ 3,976.04         |



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### Laboratory Services

The following list reflects the hospital's 30 most common laboratory procedures.

|  | <u>Average Charge</u> | <u>Average Payment</u> |
|--|-----------------------|------------------------|
| Basic Metabolic Panel/Chem 7             | \$48.50               | \$11.97                |
| CBC Automated Diff                       | \$46.50               | \$14.50                |
| Comprehensive Metabolic Profile (CMP)    | \$54.00               | \$17.85                |
| Culture Aerobic Identify                 | \$31.00               | \$13.73                |
| Ferritin                                 | \$81.50               | \$28.15                |
| Glycosylated HGB                         | \$58.00               | \$18.93                |
| Heptatic Function Panel                  | \$46.50               | \$9.93                 |
| Iron Binding Capacity                    | \$45.50               | \$15.67                |
| Iron Total                               | \$42.50               | \$12.77                |
| Lactate Enzyme LDH                       | \$36.50               | \$10.23                |
| Lipid Panel                              | \$62.00               | \$18.90                |
| Magnesium                                | \$40.50               | \$13.01                |
| Micro Albumin                            | \$35.50               | \$12.19                |
| Microbe Susceptibility Studies Mic       | \$23.00               | \$15.96                |
| NISSRIA LCR                              | \$152.00              | \$53.11                |
| Prostate Cancer Screening                | \$78.00               | \$38.29                |
| Protime                                  | \$24.00               | \$7.61                 |
| Sedimentation Rate Automated             | \$28.04               | \$6.59                 |
| Thyroid Stimulating Hormone TSH          | \$100.00              | \$34.67                |
| Thyroxine; Free T4                       | \$54.00               | \$19.86                |
| Thyroxine; Total                         | \$41.50               | \$13.75                |
| Transferase; Aspartate Amino (AST)(SGOT) | \$31.00               | \$8.07                 |
| Uric Acid                                | \$24.00               | \$6.35                 |
| Urinalysis Automated                     | \$13.50               | \$5.33                 |
| Urine Culture                            | \$48.50               | \$16.55                |
| Urine Microscopic                        | \$13.50               | \$4.63                 |
| Venipuncture (Chg to Draw Blood)         | \$10.50               | \$4.20                 |
| Vitamin B-12                             | \$76.50               | \$26.83                |
| Vitamin D 25 Hydroxy                     | \$212.50              | \$67.98                |



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### RADIOLOGY SERVICES

The following list reflects the hospital's 30 most common radiological procedures

|                                      | <u>Average Charge</u> | <u>Average Payment</u> |
|--------------------------------------|-----------------------|------------------------|
| ABDOMEN 1 VIEW AP                    | \$143.00              | \$64.08                |
| CERVICAL COMPLETE                    | \$227.25              | \$113.68               |
| CHEST 2 VIEWS                        | \$143.50              | \$81.17                |
| CT ABD & PELVIS W/CONTRAST           | \$1,715.50            | \$548.13               |
| CT ABD 7 PELVIS WO & W/CONTRAST      | \$1903.00             | \$529.58               |
| CT ABD & PELVIS W/O CONTRAST         | \$1,501.00            | \$358.25               |
| CT THORAX W CONTRAST                 | \$1,213.50            | \$265.87               |
| DIGITIZATION OF FILM; DIAGNOSTIC     | \$64.00               | \$8.87                 |
| DIGITIZATION OF FILM; SCREENING      | \$64.00               | \$8.79                 |
| DXA BONE DENSITY AXIALSKELET         | \$287.50              | \$98.62                |
| ECHO ABDOMEN COMPLETE                | \$713.00              | \$194.82               |
| FOOT COMPLETE                        | \$148.50              | \$64.91                |
| KNEE MIN 4 VIEWS                     | \$237.50              | \$62.82                |
| LUMBAR COMPLETE                      | \$227.25              | \$85.72                |
| MRI BRAIN WITH & WITHOUT CONTRAST    | \$2,000.00            | \$652.84               |
| MRI CERVICAL SPINE W/O CONTRAST      | \$1,342.50            | \$434.84               |
| MRI LUMBAR SPINE WITHOUT CONTRAST    | \$1,342.50            | \$392.02               |
| NUC MED MYOCARDIAL IMAGING (SPECT)   | \$2,884.00            | \$1,095.61             |
| SCREENING MAMMOGRAPHY BILATERAL      | \$243.00              | \$93.17                |
| SHOULDER 2 VIEW                      | \$121.00              | \$94.91                |
| ULTRASOUND ECHO TRANSVAGINAL         | \$305.00              | \$170.62               |
| ULTRASOUND THYROID                   | \$336.50              | \$175.01               |
| US DUPLEX SCAN OF EXTREMITIES UNILAT | \$336.40              | \$143.95               |
| US DUPLEX SCAN OF EXTREMITIES BILAT  | \$379.50              | \$200.59               |
| US EXAM OF ABDOMEN                   | \$303.30              | \$172.30               |
| US OB DEALTED SINGLE FETUS           | \$567.80              | \$221.35               |
| US PELVIC NONOBSTETRIC               | \$336.00              | \$166.58               |
| US PREG UTERUS TRANSVAGINAL          | \$305.00              | \$120.24               |



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### Echo Cardio Services

The following list reflects the hospital's most common echo cardiovascular procedures:

|                                      | <u>Average Charge</u> | <u>Average Payment</u> |
|--------------------------------------|-----------------------|------------------------|
| Cardiovascular Stress test           | \$ 407.00             | \$196.31               |
| Echocardiography Complete            | \$1,068.18            | \$455.82               |
| Echocardiography Complete w contrast |                       | \$890.43               |
| Echocardiogram Limited               | \$ 626.68             | \$242.66               |
| EKG                                  | \$143.00              | \$ 65.89               |
| Stress Test TEE with EKG             | \$1,486.00            | \$471.45               |
| Trans Esophageal Echocardiogram      | \$1,486.00            | \$592.90               |

### Respiratory Therapy Services

The following charges reflect the most common services offered by our Respiratory Therapy department. Patients may have additional charges, depending on the services performed.

|                                | <u>Average Charge</u> | <u>Average Payment</u> |
|--------------------------------|-----------------------|------------------------|
| Nebulizer Acute, Initial       | \$156.50              | \$112.68               |
| Diffusing Capacity/Co2         | \$155.73              | \$63.35                |
| Gas Dilution Deter Lung Volume | \$221.85              | \$88.25                |
| Oximetry Single                | \$ 31.00              | \$6.57                 |
| Pulmonary Function Test        | \$129.40              | \$89.86                |





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### Physical Therapy Services

The following charges reflect the most common services offered by our Physical Therapy department. Patients may have additional charges, depending on the services performed.

|   | <u>Average Charge</u> | <u>Average Payment</u> |
|---|-----------------------|------------------------|
| Electrical Stimulation (attended)<br>15 minutes | \$ 39.50              | \$27.30                |
| Gait Training                                   | \$ 44.50              | \$ 21.76               |
| Neuromuscular Reeducation                       | \$ 37.50              | \$ 33.95               |
| Physical Therapy Evaluation                     | \$175.50              | \$ 88.58               |
| Therapeutic Exercise 0-15 minutes               | \$ 78.00              | \$ 41.14               |
| Therapeutic Activities 0-15 minutes             | \$ 84.70              | \$ 27.75               |

### Occupational Therapy Services

The following charges reflect the most common services offered by our Occupational Therapy department. Patients may have additional charges, depending on the services performed.

|  | <u>Average Charge</u> | <u>Average Payment</u> |
|--|-----------------------|------------------------|
| Occupational Therapy Evaluation              | \$133.00              | \$88.74                |
| Therapeutic Activities 0-15 minutes          | \$ 84.23              | \$27.75                |
| Therapeutic Exercise 0-15 minutes            | \$ 78.00              | \$41.14                |
| Self-Care Management                         | \$ 37.50              | \$40.31                |
| Manual Therapy/Joint Mobilization per 15 min | \$ 53.00              | \$30.69                |



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### **Speech Therapy Services**

The following charges reflect the most common services offered by our Speech Therapy department. Patients may have additional charges, depending on the services performed.

|                               | <u>Average Charge</u> | <u>Average Payment</u> |
|-------------------------------|-----------------------|------------------------|
| Speech Language Treatment     | \$130.00              | \$ 82.61               |
| Swallow Dysfunction Treatment | \$186.00              | \$78.67                |
| Clinical Swallow Evaluation   | \$245.00              | \$79.84                |