

COMMON HOSPITAL CHARGES

June 15,
2015

Room Board per Day Charges	ITEM	Charge
ICU		\$ 2,382.00
Semi Private Level 1		\$ 1,391.00
Semi Private Level 2		\$ 1,617.00
Semi Private Level 3		\$ 2,075.00
Semi Private Level 4		\$ 2,295.00
Observation 1st Hour		\$ 542.85
Each Additional hour		\$ 24.15
Emergency Room Charges		
Level 1		\$ 417.90
Level 2		\$ 735.00
Level 3		\$ 1,141.35
Level 4		\$ 1,836.45
Level 5		\$ 2,755.20
Emergency Room Physician Charges		
Level 1		\$ 256.20
Level 2		\$ 445.20
Level 3		\$ 612.15
Level 4		\$ 946.05
Level 5		\$ 1,669.50
Labor and Delivery		
Labor Observation 1st Hour		\$ 768.60
Delivery Level I		\$ 1,739.85
Delivery Level II		\$ 2,604.00
Nursery		
Level 1		\$ 1,391.25
Level 2		\$ 1,617.00
Level 3		\$ 2,069.55
Level 4		\$ 2,295.30
Fetal Monitor		\$ 543.90
Laboratory Charges		
CBC W/AUTO DIFF	25200190	\$ 132.30
VENIPUNCTURE BLOOD COLLECTION	25200444	\$ 38.85
COMP METABOLIC PANEL	25200204	\$ 217.35
LIPID PANEL	25200303	\$ 187.95
TSH	25202770	\$ 204.75
GLUCOSE (PCX)	25200490	\$ 24.15
HEMOGLOBIN A1c	25999965	\$ 159.60
PROTHROMBIN TIME w/INR	25200766	\$ 114.45
CULTURE, URINE	25200352	\$ 134.40
BASIC MET PANEL	25203885	\$ 186.90
URINALYSIS w/MICROSCOPIC	25201046	\$ 102.90

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CK, TOTAL	25202572	\$ 98.70
VITAMIN D, 25-HYDROXY	25202853	\$ 318.15
MAGNESIUM	25200626	\$ 140.70
TROPONIN-I	25200017	\$ 241.50
SURG PATH LEVEL 4	25201772	\$ 437.85
ANTIBIOTIC SENSITIVITY PANEL	25200055	\$ 92.40
ORGANISM I.D., AEROBIC	25200057	\$ 106.05
GGT	25200477	\$ 130.20
CK-MB	25202580	\$ 164.85
VITAMIN B12	25202531	\$ 181.65
IRON, TOTAL	25202689	\$ 113.40
PARTIAL THROMBOPLASTIN TIME (PTT)	25200774	\$ 121.80
Therapy		
PT THERAPEUTIC EXERCISE EA 15 MIN	34901090	\$ 163.80
PT MANUAL THERAPY TQS EA 15 MIN	34901231	\$ 153.30
PT ELEC STIM (UNATTENDED)	34900707	\$ 126.00
PT GAIT TRAINING EA 15 MIN	34903302	\$ 144.90
PT AQUATIC THERAPY EA 15 MINUTES	34900725	\$ 219.45
PT EVALUATION	34907006	\$ 279.30
OT SELF CARE/HOME MANG. TRNG. EA 15 MIN	35900607	\$ 177.45
OT THERA EX FOR STRENGTH EA 15 MIN	35900738	\$ 163.80
OT OCCUPATIONAL THER EVAL	35901041	\$ 434.70
OT FUNCTIONAL THERAPEUTIC ACTIVITY	35900606	\$ 178.50
OT MANUAL THERAPY TQS EA 15 MIN	35900720	\$ 153.30
Operating Room		
COMPLETE COLONOSCOPY	18603076	\$ 4,618.95
MAJOR PROCEDURE UP TO 1 HOUR	18602080	\$ 5,264.70
ENDOSCOPIC BIOPSY	18603084	\$ 779.10
ESOPHAGOGASTROSCOPY EGD	18603035	\$ 4,591.65
POLYPECTOMY	18603092	\$ 701.40
MAJOR COMPLICATED UP TO 2 HOURS	18602091	\$ 12,187.35
MAJOR COMPLICATED UP TO 1 HOUR	18602090	\$ 7,123.20
MAJOR COMPLICATED UP TO 3 HOURS	18602122	\$ 17,481.45
MAJOR PROCEDURE UP TO 2 HOURS	18602111	\$ 8,320.20
YAG LASER EYE PROCEDURE	18300279	\$ 2,562.00
MAJOR COMPLICATED UP TO 4 HOURS	18602123	\$ 21,539.70

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MAJOR COMPLICATED UP TO 3 HOURS	18602092	\$ 15,631.35
MINOR PROCEDURE UP TO 1 HOUR	18602071	\$ 2,715.30
EPIDURAL INJECTION	18601004	\$ 5,212.20
MINOR PROCEDURE UP TO 1/2 HOUR	18602070	\$ 2,053.80
PACU 1st hour	19604009	\$ 1,292.55
Sleep lab		
SLEEP STUDY W/O CPAP	95810	\$ 6,457.50
SLEEP STUDY WITH CPAP	95811	\$ 6,568.80
Radiology		
X CHEST 2V	26100628	\$ 423.15
MRI SCREEN BILAT DIGITAL	30104025	\$ 691.95
X PELVIS 1-2V	26100222	\$ 423.15
ULTRASOUNDECHO/COMPLETE	27100488	\$ 2,663.85
CT HEAD W/O	29102004	\$ 2,617.65
X L SPINE 4V+	26100396	\$ 652.05
CT ABD/PELV WITH	29100205	\$ 4,523.40
ULTRA SOUND PELVIC	27103044	\$ 872.55
X SHOULDER RIGHT 2V+	26100123	\$ 423.15
X KNEE RIGHT 1-2V	26100255	\$ 423.15
NUCL MED MYOC STRESS TEST (2DAYS)	28101147	\$ 4,702.95
X C SPINE 4V+	26100362	\$ 652.05
DX DXA BONE DENS/HIP/SPINE	26101319	\$ 681.45
X ABDOMEN 1V	26100321	\$ 423.15
MRI L SPINE W/O	31100185	\$ 3,645.60
X SHOULDER LEFT 2V+	26100124	\$ 423.15
X HIP RIGHT 2V+	26100248	\$ 423.15
CT STONE (ABD/PELV W/O)	29100201	\$ 4,079.25
ULTRA SOUND OB (1ST TRIM/1 GEST)	27103003	\$ 749.70
X WRIST RIGHT 3V+	26100180	\$ 423.15
X ANKLE RIGHT 3V+	26100271	\$ 423.15
X HIP LEFT 2V+	26100249	\$ 423.15

**For more information about charges and billing inquiries,
please continue to the next page.**

Charges: Although hospital charges can be high, we work hard to try to keep them at a fair level in comparison to others in the local area.

- A price list of most common services is published for you. If you feel you were billed in error, please call us so we can investigate it.
- The entire price list is not published due to its size. If you request a charge not on the common list, please follow the Public Access to Charges Policy.

Pricing questions can be directed to: Patient Access/Registration or the Central Business Office (CBO)

Gibson Cares: Gibson Cares is a program that is available to all GAHHS hospital patients and through most GAHHS clinics.

- Patients have the opportunity to have their medical bills reduced based on the patients' circumstances.

Self-Administered Drugs: You will be charged for SA Drugs as an outpatient, which includes overnight stays in observation status.

- Medicare does not consider self-administered drugs as a covered service.

Public Access to Charges Policy: Contact CBO representative 217-784-2351

Collection Agencies: We value our patients and customers. Balances of accounts are sent to third party collectors as a last resort.

- We prefer to arrive at payment arrangements that recognize the patient's ability to pay as well as the hospitals needs to collect for the services rendered.

Physician Fees: Fees from a provider that assisted in your care may be billed separately as the professional component of the services rendered.

- Some providers are not employed by the hospital and may bill you directly.