

Galion Community Hospital

Most Common Charges Effective 07/10

Room and Board

• Private (3020100)	\$476.00		
• I.C.U. (3120200)	\$998.00		
• Obstetrics (3080300)	\$476.00	In-Patient Rehab (3130010)	\$651.00
• Nursery (3090400)	\$476.00		

Most Common X-ray Procedures

CT Head w/o Contrast (1604503)	\$ 717.70	CT Head w & w/o Contrast (1604701)	\$ 987.80
CT Limited Sinuses (1604834)	\$ 666.50	CT Chest w Contrast (Thorax) (1612605)	\$1606.00
CT Pelvis w Contrast (1621937)	\$1732.80	CT Abdomen w Contrast (1641604)	\$2257.80
CT Abdomen w & w/o Contrast (1641703)	\$2308.10	Abdomen X-ray (KUB) (1700012)	\$ 166.60
Acute Abdominal Series X-ray (1700038)	\$ 273.30	Chest X-ray (PA & Lateral Views) (1700103)	\$ 126.80
Ankle X-ray LT (1707016)	\$ 244.40	Finger X-ray (1707430)	\$ 124.40
Foot X-ray LT (1707249)	\$ 268.80	Hip and Pelvis X-ray (1707529)	\$ 89.70
Pelvis X-ray (1700723)	\$ 70.40	Lumbar Spine X-ray AP and Lateral) (1701051)	\$ 371.70
Screening Mammogram (1707730)	\$ 143.60	Modified Barium Swallow (1740265)	\$ 105.40
Ultrasound Abdomen (Complete) (1705250)	\$ 745.20	Ultrasound Extremity Non Vas bil. (1740361)	\$ 258.60
Ultrasound Gall Bladder (1705284)	\$ 671.00	Ultrasound Carotid Duplex Bil. (1720200)	\$ 517.20
Ultrasound Non-invasive Arterial Study (Rest and Stress) (1720614)	\$ 384.20	MRA Brain w/ contrast (1730027)	\$2315.30
MRI Brain w & w/o Contrast (1730035)	\$4051.80	MRI Lumbar Spine w/o Contrast (1730340)	\$2315.30
MRI Knee (1731220)	\$1968.00	Nuclear Medicine Total Bone Scan (0700039)	\$1113.00
Nuclear Medicine Thyroid Scan Uptake w/image (0700286)	\$1233.00	Nuclear Medicine Heart (Stress +Rest) (0700609)	\$2761.40
Portable Chest X ray (1705508)	\$ 106.40		

Most Common Lab Procedures

Lipid Panel (8000200)	\$ 95.50	Hepatic Panel (8000705)	\$ 201.50
Electrolytes Panel (8000101)	\$ 45.60	Routine Urinalysis (8100000)	\$ 15.80
Carbon Dioxide (8237406)	\$ 10.40	Chloride, Blood (8243503)	\$ 10.40
Creatinine, Blood (8256505)	\$ 18.40	Glucose, Quantitative (8294704)	\$ 27.70
PSA (8200073)	\$ 129.70	Amylase (8215006)	\$ 45.70
Bilirubin, Total (8225005)	\$ 28.40	Calcium, Total (8231003)	\$ 17.50
CBC and Platelets (8502205)	\$ 54.80	Prothrombin Time (8561003)	\$ 27.70
Syphilis Test (8659203)	\$ 30.10	Cancer Antigen (8631616)	\$ 33.60
Blood Typing (8608200)	\$ 21.00	APTT (8573008)	\$ 42.30
Sedimentation Rate (8565004)	\$ 25.00	Platelet count (8559502)	\$ 31.50
Hemoglobin (8501801)	\$ 16.70	Thyroid Stim. (8444309)	\$ 118.50
Urea Nitrogen Quantitative (8452005)	\$ 17.10	Sodium Serum (8429508)	\$ 12.40
Potassium, Serum (8413205)	\$ 12.40	Troponin I (8444150)	\$ 69.40
Newborn Metabolic (8403008)	\$ 80.90	Magnesium (8373508)	\$ 40.70
LDH (8361503)	\$ 42.50	Glycohemoglobin (8303604)	\$ 68.40

Basic Metabolic Panel	(8000754)	\$ 126.30	Comp. Metabolic Panel	(8001604)	\$ 296.00
PSA	(8215304)	\$ 129.70	Iron Serum	(8354003)	\$ 45.70
Gamma GT	(8297707)	\$ 50.80	CKMB	(8300014)	\$ 64.10
Phosphatase, Alkaline	(8407504)	\$ 29.20	Phosphorus, Serum	(8410003)	\$ 33.50
Myoglobin	(8423113)	\$ 91.10	Thyroxine, Free T4	(8444101)	\$ 63.60
Urine Drug Screen –	(8002206)	\$ 36.80	AST (SGOT)	(8445504)	\$ 36.50
Uric Acid Blood	(8455008)	\$ 31.80	Culture Urine w/colony	(8708604)	\$ 57.00
Urine Organism ID	(8708801)	\$ 60.90	Sensitivity Study	(8718702)	\$ 54.50
Cytopathology thin prep	(8817501)	\$ 99.10	Level IV Surgical path	(8830606)	\$ 168.00
ALT (SGPT)	(8846503)	\$ 37.30	CBC & Platelet w/ auto diff	(8502205)	\$ 54.80

Emergency Room Services

- Emergency Service Limited \$ 119.70 (0100013)
- Emergency Service Level 2 \$ 175.50 (0100220)
- Emergency Service Level 3 \$ 228.80 (0100238)
- Emergency Service Level 4 \$ 358.80 (0100246)
- Emergency Service Level 5 \$ 485.30 (0100268)

Operating Room Services

- Single Major Surgery First Hour \$ 3704.90 (0300004)
- Double Surgery First Hour \$ 3799.50 (0300012)
- Minor Surgery First 1/2 Hour \$ 1727.90 (0300053)
- EGD \$ 799.80 (0303016)
- Colonoscopy \$ 1495.70 (0303032)
- Yag Laser \$ 797.20 (0300111)
- Holmium Laser \$ 4632.90 (0300707)

Delivery Room Services

- Delivery Room \$ 2882.30 (0500009)

Physical, Occupational, and Pulmonary Therapy Services

Physical Therapy

- Therapeutic Activity \$ 48.30 (1907689)
- Gait Training \$ 47.00 (1900265)
- Anodyne Therapy \$ 12.60 (1900013)
- PT Evaluation \$132.30 (1900034)
- Electrical Stimulation \$ 67.90 (1900026)
- Ultrasound \$ 96.90 (1900224)
- Manual Therapy \$114.70 (1907658)

Occupational Therapy

- Therapeutic Activity \$ 48.30 (1801214)
- Therapeutic Procedure \$ 54.90 (1801137)
- Neuromuscular Re-education \$ 54.90 (1801148)

Cardiac Rehab

- Phase III – 3 Months \$ 151.50 (1300130)
- Phase II 1 session \$ 113.20 (1300094)
- Phase III – 1 Month \$ 54.60 (1300102)

Pulmonary Therapy

- Phase II Rehab \$ 87.80 (1000101)
- Phase III Rehab per Month \$ 51.80 (10001268)

Cardiology

- EKG \$ 98.20 (1300003)
- Stress EKG \$ 858.40 (1300011)
- Echocardiogram \$1092.70 (1300320)

Sleep Lab

- Polysomnogram \$ 3158.80 (7400010)
- PSG with CPAP/B \$ 3158.80 (7400029)

This is not a complete list of all hospital charges. Individual procedures may incur higher charges reflecting the cost of supplies. This list does not include the cost of services provided by **Hospital affiliated professionals** such as **Radiologist, Pathologist, Anesthesiologists or ER Physicians.**