TRINITY HOSPITAL TWIN CITY

Patient Price Int

In compliance with state law, Trinity Hospital Twin City is providing this price list containing our c therapy and other procedures. The hospital's charges are the same for all patients, but a patient individual health insurers. Uninsured or underinsured patients should consult with our financial c correct as of 7/1/2018

Room and Board -- Per Day Charges

Intensive care					
	Level 1	(Stepdown)	$ 892.00		
	Level 2		$ 1,315.00		
Private			$ 630.00		
Skilled Swing Bed Unit			$ 388.00		

Emergency Department Charges

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 do not include fees 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. The physician charge is billed separately from the hospital services by an affiliated, yet independent ER group.

Facility Charge		
Level 1		$149.00
Level 2		$283.00
Level 3		$464.00
Level 4		$654.00
Level 5		$945.00

Operating Room Charges

Operating Room charges are based on the complexity level, with level 1 being the most basic, for a particular operation There is an initial, set-up charge as well as an additional charge for each 15 minutes while the operation is being performed.

		Set-Up Charge		Additional 15-Minute Ch	
Level 1		$ 2,538.00		$664.00	

Physical Therapy Charges

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

Evaluation				$245.00	
Therapeutic Exercise each 15 min				$88.00	
Manual Therapy Technique				$112.00	
Gait Training/Stair Climbing				$88.00	
Therapeutic Activities/Functional Improvement				$86.00	
Ultrasound each 15 min				$100.00	

Cardiopulmonary Charges

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

EKG Tracing				$160.00	
Arterial Blood Gas Puncture				$66.00	
Aerosal Initial				$159.00	
Pulse Oximetry (Single Determination)				$56.00	
Pulse Oximetry (Multiple Determination)				$116.00	
Cardiac Rehabilitation				$220.00	
Echo Complete				$1,744.00	
Cardiac Stress Test				$1,512.00	
Diffusion Studies				$187.00	
Incentive Spirometry				$215.00	

X-Ray and Radiological Charges

The following charges reflect the hospital's most common x-ray and radiological procedures.

Chest (1 view)					$284.00
CT Brain without Contrast					$1,254.00
Foot Complete					$261.00
CT Abdomen/Pelvis without Contrast					$1,905.00
Hand Complete					$274.00
Ankle Complete					$261.00
Knee					$285.00
Shoulder Complete					$276.00
CT Abdomen/Pelvis with Contrast					$1,441.00

Mammogram Bilateral Screening					$235.00
Ultrasound Abdomen Complete					$738.00
Spine LS minimum 4 views					$480.00
Abdominal Series Acute					$480.00
Wrist Complete					$354.00
Bone Density DEXA					$454.00
Ultrasound Unilateral Breast					$434.00
CT Chest with Contrast					$1,492.00
Abdomen Single View					$293.00
Ultrasound Renal Complete					$627.00
Ultrasound Pelvic Non-obstetric Complete					$627.00
CT Sinus without Contrast					$1,233.00
CTA Chest with Contrast					$1,773.00

Laboratory Charges

The following charges reflect the hospital's 30 most common laboratory procedures.

Activated Partial Thromboplastin Time (APTT)					$73.00
ALT					$54.00
Amylase, Serum					$76.00
AST (SGOT)					$54.00
Basic Metabolic Panel					$125.00
CBC with Diff					$87.00
CKMB					$115.00
Comprehensive Metabolic Panel					$251.00
CPK					$59.00
Creatinine					$61.00
Blood Culture					$148.00
Throat Culture					$120.00
Urine Culture					$126.00
Glucose					$36.00
Hemoglobin A1C					$105.00
Lipase					$73.00
Lipid Panel					$115.00
Hepatic Function Panel					$139.00
Magnesium					$58.00
Microalbumin, Random Urine					$66.00
NT - proBNP					$299.00
Phosphorous					$45.00
Prothombin Time					$62.00
t4 Free					$111.00
Troponin I					$123.00
TSH					$150.00
Urinalysis					$44.00
Surgical Path Level IV					$231.00
Fecal Occult Blood x 3 Specimen					$106.00
Renal Function Panel					$199.00
Pap Test (Thin Prep)					$175.00

HOSPITAL BILLING POLICIES

rdless of race, creed, income, socia
status, national origin, handicap, or sex.

Trinity Hospital Twin City is happy to file all verified insurance on the patient's behalf for payment of the bill(s). Plea be advised, however, that the insurance policy is a contract between the subscriber and the insurance company. Those patients holding a PPO, HMO, or other individual policy are ultimately responsible for the total bill or the por of the bill the insurance plan does not pay. While we will make every effort to collect payment on the account from insurance company, it is common that a situation arises in which we require assistance or information from the pat or guarantor to resolve an account.

Not all services are a covered benefit by all insurance companies. It is the responsibility of the insurance plan subscriber to be aware of the benefits allowed by his/her specific plan. Coverage issues can only be addressed by your employer, group administrator, or caseworker.

Those patients that are uninsured or simply unable to pay can reach a Financial Counselor to discuss financial assistance options Monday-Friday 8:00am to 4:30pm at 740-922-7450 ext. 2161.

We can assist you in filling out a Medicaid application or review your financial situation to assess if you qualify for t Hospital Care Assurance Program (HCAP) or other available discount or payment programs. We understand the h cost of health care can be overwhelming and are dedicated to helping every patient in their individual situations. W cannot, however, help those that do not make us aware of their situations. In the case that we have had no payme personal response to our inquiries for payment we have no choice but to assume that the patient/guarantor is not willing to resolve the account. We do send unpaid, delinquent accounts to an outside collection agency for additio attempts at payment. Those outside agencies do report to credit bureaus and in some instances even pursue lega action against the patient/ guarantor. This action can typically be avoided with your cooperation.

We are available to answer any additional billing questions at our business office.

The following is a list of contact information should you have questions regarding billing for specific services:

Trinity Hospital Twin City	Steel Valley ER Physicians	Modern Pathology	Steuben Radiology Assoc.
Patient Accounts	PO Box 644966	1320 Mercy Drive	PO Box 60
819 N First Street	Pittsburgh, PA 15264	Canton, Ohio 44709	Pittsburgh, PA 15230
Dennison, OH 44621	888-664-9738	800-288-8325	877-883-5818
740-922-2800			

Consumers can access a number of government and private Websites, which provide additional information on hospitals' charges and quality. For a complete listing of available online resources, please visit the **Consumers Guide to Quality Health Care in Ohio** *at www.ohanet.org/portal.*

harges for room and board, emergency department, operating room, physical
t's responsibility may vary depending on payment plans negotiated with
counselor to determine whether they qualify for discounts. These prices are

al

se

tion
the
ient

he
igh
'e
nt or

nal
l