

## Genesis HealthCare System 2011 Patient Price Information List

In compliance with state law, Genesis Healthcare System is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospital's charges are the same for all patients, but a patient's responsibility may vary, depending on payment plans negotiated with individual health insurers. Uninsured or underinsured patients should consult with our admitting and billing staff to determine whether they qualify for discounts. These prices are correct as of 1/1/11.

### Room and Board -- Per Day Charges

Coronary care		
	Level 1	\$ 2,866.00
	Level 2	\$ 4,028.00
Intensive care		
	Level 1	\$ 2,866.00
	Level 2	N/A
Nursery		
	Level 1	\$ 1,006.00
	Level 2	\$ 1,618.00
	Level 3	\$ 2,152.00
	Level 4	\$ 2,787.00
Oncology		\$ 1,022.00
Psychiatric care		\$ 976.00
Routine care		\$ 1,022.00

### Labor and Delivery Charges

*The following list does not include charges for anesthesia, drugs, or supplies required for a particular delivery room procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.*

	<u>Charges</u>
Normal Delivery	\$3,127.86
Cesarean Section Delivery	\$5,473.74
Amniocentesis	\$847.74
Fetal Monitor per hour	Not separately charged.
Labor Room per hour	Not separately charged.

## 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, who will bill separately for their services.*

	<u>Charges</u>
Level 1	\$155.04
Level 2	\$173.46
Level 3	\$260.94
Level 4	\$389.82
Level 5	\$581.52
Trauma care	N/A
Critical care	\$1,152.72 Initial 75-minutes

## 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.*

	1st Half hr	Additional 15-Minute Charge
Level 1	\$ 2,322.48	\$ 454.38
Level 2	\$ 3,019.08	\$ 667.44

## Physical Therapy Charges

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

<b>Outpatient</b>	<u>Charge</u>
Physical Therapy Evaluation	\$ 323.40
Therapeutic Exercise	\$ 117.48 each 15 minutes
Manual therapy	\$ 92.16 each 15 minutes
Ultrasound	\$ 91.50 each 15 minutes
Neuromuscular Re-education	\$ 85.44 each 15 minutes

## Occupational Therapy Charges

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

<b>Outpatient</b>	<u>Charge</u>
Occupational Therapy Evaluation	\$ 323.40
Therapeutic Exercise	\$ 117.48 each 15 minutes
Manual therapy	\$ 92.16 each 15 minutes
Therapeutic Activities	\$ 91.50 each 15 minutes
Sensory Integration	\$ 85.44 each 15 minutes

## Pulmonary Therapy Charges

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

	<u>Charge</u>
Aerosol Treatment	\$ 82.92
IPPB Treatment	\$ 82.92
EKG	\$ 143.76

## X-Ray and Radiological Charges

*The following charges reflect the hospital's 30 most common x-ray and radiological procedures.*

<u>Description</u>	<u>Charge</u>
Abdomen-one view	\$ 185.04
Abdomen-complete	\$ 256.26
Chest-lateral	\$ 240.66
Chest-one view	\$ 207.60
Ankle-three views	\$ 247.86
Cervical spine-2 or 3 views	\$ 262.12
Hand-3 views	\$ 232.02
Pelvis-hip	\$ 233.52
Knee-2 views	\$ 199.86
Lumbar Spine-2 or 3 views	\$ 341.40
Pyelogram, Intravenous	\$ 601.50
Wrist-3 views	\$ 232.02
CT head w/o Contrast	\$ 1,341.12
CT head w/ w/o Contrast	\$ 1,851.96
CT Abdomen w/o Contrast	\$ 2,001.66
CT Abdomen w/ Contrast	\$ 2,304.18
CT Abdomen w/ w/o Contrast	\$ 2,762.10
CT Chest w/ contrast	\$ 1,935.72
CT Chest w/ w/o contrast	\$ 2,732.64
CT Pelvis w/o contrast	\$ 1,441.68
CT Pelvis w/ contrast	\$ 1,659.24

CT Cervical Spine w/o Contrast	\$ 1,889.82
MRI Cervical Spine w/o contrast	\$ 3,425.58
MRI Lumbar Spine w/o contrast	\$ 3,425.58
MRI Brain w/o contrast	\$ 2,670.66
MRI Brain w/ w/o contrast	\$ 3,647.10
MRI Lower Ext Joint w/o contrast	\$ 1,901.64
US GallBladder	\$ 497.40

## Laboratory Charges

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

<u>Description</u>	<u>Charge</u>
A1C	\$ 91.60
ALT	\$ 41.16
Amylase	\$ 50.58
APTT	\$ 68.82
AST	\$ 41.16
Blood Culture **	\$ 85.02
BUN	\$ 32.46
CBC	\$ 76.98
CBC with auto diff	\$ 95.40
CBC with manual diff	\$ 118.92
Chem 8	\$ 92.76
CPK	\$ 41.16
CKMB	\$ 58.32
Gram Stain	\$ 39.48
H & H	\$ 45.05
Lipid Profile	\$ 169.80
Liver Panel	\$ 88.20
Magnesium	\$ 44.34
Metabolic Panel Comp	\$ 128.10
Pap Smear	\$ 159.12
Protime	\$ 43.26
Renal Panel	\$ 101.46
Sed Rate	\$ 43.74
Troponin-I	\$ 112.98
TSH	\$ 132.54
Urinalysis **	\$ 57.74
Urine Culture	\$ 76.00

\*\*-If positive, additional charges will be added for ID & sensitivity.