

# Procedure Pricing Beachwood Medical Center

In compliance with state law, UH Beachwood Medical Center 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 January 1, 2024.

ROOM AND BOARD	COST
Room Rate	\$ 1,849.00
Stepdown	\$ 4,055.00

RADIOLOGY	COST
<i>Prices for common radiological procedures are:</i>	
X RAY OF ANKLE 3 OR MORE VIEWS	\$ 489.00
X RAY OF KNEE 4 OR MORE VIEWS	\$ 627.00
X RAY OF LOWER AND SACRAL SPINE 2 OR 3 VIEWS	\$ 541.00
X-RAY CHEST 1 VIEW	\$ 361.00
X-RAY CHEST 2 VIEWS	\$ 451.00
XRAY OF ABDOMEN KUB	\$ 350.00
XRAY OF FOOT 3 OR MORE VIEWS	\$ 517.00
XRAY OF HAND 3 OR MORE VIEWS	\$ 532.00
XRAY OF HIP WITH PELVIS 2 - 3 VIEWS	\$ 538.00
XRAY OF SHOULDER 2 OR MORE VIEWS	\$ 568.00
XRAY OF WRIST MIN 3 VIEWS	\$ 568.00
CT CHEST WITH CONTRAST	\$ 2,154.00
CT SCAN HEAD OR BRAIN W/O CONTRAST	\$ 1,550.00
CT SCAN OF ABDOMEN AND PELVIS WITH CONTRAST	\$ 3,074.00
CT SCAN OF ABDOMEN AND PELVIS WO CONTRAST	\$ 2,982.00
CT SCAN OF BLOOD VESSELS IN CHEST W CONTRAST	\$ 2,651.00
CT SCAN OF UPPER SPINE WITHOUT CONTRAST	\$ 1,934.00
MRI ANY JOINT OF UPPER EXTREMITY	\$ 2,622.00
MRI SCAN BRAIN W/O CONTRAST	\$ 2,565.00
TRANSVAGINAL ULTRASOUND NON OBSTETRICAL	\$ 1,082.00
ULTRASOUND OF ABDOMEN	\$ 928.00
ULTRASOUND OF PELVIS	\$ 1,134.00
ULTRASOUND RETROPERITONEAL RENAL/AORTA/NODES	\$ 886.00
ULTRASOUND SCAN OF LOWER EXTREMITY	\$ 1,233.00
US SCAN OF BLOOD FLOW ON BOTH SIDES OF THE HEAD AND NECK (OUTSIDE THE	\$ 1,611.00

<b>LABORATORY</b>	<b>COST</b>
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*Prices for common laboratory procedures are:*

ROUTINE VENIPUNCTURE	\$ 28.00
COMPLETE CBC AUTOMATED	\$ 112.00
COMPREHEN METABOLIC PANEL	\$ 244.00
COMPLETE CBC W/AUTO DIFF WBC	\$ 129.00
METABOLIC PANEL TOTAL CA	\$ 152.00
ASSAY GLUCOSE BLOOD QUANT	\$ 29.00
ASSAY OF TROPONIN QUANT	\$ 165.00
ASSAY OF MAGNESIUM	\$ 89.00
ASSAY OF LACTIC ACID	\$ 100.00
PROTHROMBIN TIME	\$ 96.00
SARS-COV-2 COVID-19 AMP PRB	\$ 156.00
RENAL FUNCTION PANEL	\$ 232.00
URINALYSIS AUTO W/SCOPE	\$ 152.00
REAGENT STRIP/BLOOD GLUCOSE	\$ 29.00
TISSUE EXAM BY PATHOLOGIST	\$ 408.00
URINALYSIS AUTO W/O SCOPE	\$ 71.00
SARSCO2 & INF A&B AMP PRB	\$ 369.00
ASSAY OF CALCIUM	\$ 125.00
ASSAY OF LIPASE	\$ 140.00
ASSAY OF SERUM POTASSIUM	\$ 74.00
ASSAY OF NATRIURETIC PEPTIDE	\$ 254.00
ASSAY OF SERUM SODIUM	\$ 70.00
ASSAY OF BLOOD CHLORIDE	\$ 53.00
HEMOGLOBIN	\$ 40.00
THROMBOPLASTIN TIME PARTIAL	\$ 96.00
BLOOD GASES W/O2 SATURATION	\$ 279.00
URINE CULTURE/COLONY COUNT	\$ 156.00
BLOOD CULTURE FOR BACTERIA	\$ 186.00
ASSAY THYROID STIM HORMONE	\$ 168.00
HEPATIC FUNCTION PANEL	\$ 175.00

<b>EMERGENCY ROOM SERVICES</b>	<b>COST</b>
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*The prices for basic emergency room services are as follows:*

EMERGENCY DEPT VISIT LOW MDM	\$ 629.00
EMERGENCY DEPT VISIT MOD MDM	\$ 1,048.00
EMERGENCY DEPT VISIT HI MDM	\$ 1,645.00
EMERGENCY DEPT VISIT SF MDM	\$ 2,585.00
CRITICAL CARE FIRST HOUR	\$ 3,621.00
CRITICAL CARE ADDL 30 MIN	\$ 817.00

<b>OPERATING ROOM SERVICES</b>	<b>COST</b>
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OR LEVEL 1 - Base Rate	\$ 1,528.00
OR LEVEL 1 - Per Min Rate	\$ 77.00
OR LEVEL 2 - Base Rate	\$ 2,292.00
OR LEVEL 2 - Per Min Rate	\$ 94.00

OR LEVEL 3 - Base Rate	\$	2,994.00
OR LEVEL 3 - Per Min Rate	\$	116.00
OR LEVEL 4 - Base Rate	\$	3,891.00
OR LEVEL 4 - Per Min Rate	\$	124.00
OR LEVEL 5 - Base Rate	\$	4,863.00
OR LEVEL 5 - Per Min Rate	\$	139.00

<b>THERAPY SERVICES</b>	<b>COST</b>
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*Prices for the most common physical therapy services are:*

Gait training therapy ea 15min	\$	171.00
Manual therapy ea 15min	\$	171.00
Neuromuscular re ed ea 15 min in PT	\$	172.00
PT Evaluation: low complexity	\$	249.00
PT Evaluation: moderate complexity	\$	249.00
Therapeutic activities ea 15min	\$	193.00

<b>OCCUPATIONAL THERAPY</b>	<b>COST</b>
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*Prices for the most common occupational therapy services are:*

OCCUPATIONAL THERAPY EVALUATION LOW COMPLEXITY 30 MIN	\$	366.00
SELF CARE HOME MANAGEMENT TRAINING EA 15 MIN	\$	171.00

<b>PULMONARY THERAPY</b>	<b>COST</b>
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*Prices for the most common pulmonary therapy procedures are:*

AEROSOL TREATMENT	\$	245.00
SUBSEQUENT AEROSOL TREATMENT	\$	245.00
BLOOD GAS	\$	308.00
DEMO AND EVAL OF PATIENT USE OF INHALER	\$	242.00
PULSE OX	\$	187.00
ARTERIAL PUNCTURE	\$	144.00

If you received services at UH Beachwood Medical Center, your hospital charges are managed through the Central Business Office of University Hospitals.

Shortly after receiving services, you will receive your Personal Account Statement. The statement is generated and mailed to you at the same time your charges are submitted to your insurance carrier.

In addition to your hospital bill, you may receive separate bills from your physician or other professional service providers involved in your hospital care. If you have a question regarding your Hospital Based Physician Bill or would like to make payment, we ask that you contact them directly. Please refer to the Hospital Based Physician Information on this web site.