

# Procedure Pricing Memorial Hospital of Geneva

In compliance with state law, UH Geneva 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.

*\*These prices are current as of Jan 2024*

ROOM AND BOARD	COST
Room Rate	\$ 1,249.00
Intensive Care	\$ 2,325.00
ICU Stepdown / Tele Room Rate 206	\$ 1,698.00

RADIOLOGY	COST
<i>Prices for common radiological procedures are:</i>	
3D RENDER W/INTRP POSTPROCES	\$ 799.00
BREAST TOMOSYNTHESIS BI	\$ 97.00
BREAST TOMOSYNTHESIS UNI	\$ 129.00
CT ABD & PELV W/CONTRAST	\$ 2,159.00
CT ABD & PELVIS W/O CONTRAST	\$ 1,962.00
CT ANGIOGRAPHY CHEST	\$ 2,375.00
CT HEAD/BRAIN W/O DYE	\$ 1,962.00
CT LUMBAR SPINE W/O DYE	\$ 1,962.00
CT NECK SPINE W/O DYE	\$ 1,962.00
CT THORAX DX C-	\$ 1,962.00
CT THORAX DX C+	\$ 2,159.00
DX MAMMO INCL CAD UNI	\$ 348.00
DXA BONE DENSITY STUDY	\$ 732.00
ECHO EXAM OF ABDOMEN	\$ 808.00
EXTREMITY STUDY	\$ 851.00
SCR MAMMO BI INCL CAD	\$ 341.00
US EXAM ABDO BACK WALL COMP	\$ 717.00
US EXAM PELVIC COMPLETE	\$ 914.00
X-RAY EXAM ABDOMEN 1 VIEW	\$ 328.00
X-RAY EXAM CHEST 1 VIEW	\$ 360.00
X-RAY EXAM CHEST 2 VIEWS	\$ 408.00
X-RAY EXAM HIP UNI 2-3 VIEWS	\$ 464.00
X-RAY EXAM KNEE 4 OR MORE	\$ 509.00
X-RAY EXAM L-2 SPINE 4/>VWS	\$ 732.00
X-RAY EXAM OF ANKLE	\$ 410.00
X-RAY EXAM OF FOOT	\$ 431.00
X-RAY EXAM OF HAND	\$ 450.00
X-RAY EXAM OF KNEE 3	\$ 361.00

X-RAY EXAM OF SHOULDER	\$	487.00
X-RAY EXAM OF WRIST	\$	410.00

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

ROUTINE VENIPUNCTURE	\$	25.00
COMPREHEN METABOLIC PANEL	\$	167.00
COMPLETE CBC W/AUTO DIFF WBC	\$	84.00
COMPLETE CBC AUTOMATED	\$	88.00
ASSAY OF TROPONIN QUANT	\$	228.00
METABOLIC PANEL TOTAL CA	\$	188.00
ASSAY GLUCOSE BLOOD QUANT	\$	37.00
ASSAY THYROID STIM HORMONE	\$	151.00
ASSAY OF LACTIC ACID	\$	100.00
ASSAY OF MAGNESIUM	\$	83.00
LIPID PANEL	\$	182.00
URINALYSIS AUTO W/SCOPE	\$	93.00
REAGENT STRIP/BLOOD GLUCOSE	\$	37.00
PROTHROMBIN TIME	\$	59.00
SARSCOVID2 & INF A&B AMP PRB	\$	369.00
SARS-COV-2 COVID-19 AMP PRB	\$	135.00
URINALYSIS AUTO W/O SCOPE	\$	54.00
ASSAY OF NATRIURETIC PEPTIDE	\$	296.00
ASSAY OF LIPASE	\$	100.00
GLYCOSYLATED HEMOGLOBIN TEST	\$	111.00
ASSAY OF FERRITIN	\$	171.00
FIBRIN DEGRADATION QUANT	\$	216.00
C-REACTIVE PROTEIN	\$	81.00
DRUG TEST PRSMV CHEM ANALYZR	\$	154.00
ASSAY OF IRON	\$	92.00
ASSAY OF SERUM POTASSIUM	\$	66.00
ASSAY GLUCOSE BLOOD QUANT	\$	70.00
URINE PREGNANCY TEST	\$	76.00
ASSAY OF FREE THYROXINE	\$	55.00
ASSAY OF URINE CREATININE	\$	102.00

<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	\$	628.00
EMERGENCY DEPT VISIT MOD MDM	\$	945.00
EMERGENCY DEPT VISIT HI MDM	\$	2,237.00
EMERGENCY DEPT VISIT SF MDM	\$	414.00
CRITICAL CARE FIRST HOUR	\$	2,672.00
CRITICAL CARE ADDL 30 MIN	\$	887.00

<b>OPERATING ROOM SERVICES</b>	<b>COST</b>
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OR LEVEL 1 - Base Rate	\$	1,285.00
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OR LEVEL 1 - Per Min Rate	\$	64.00
OR LEVEL 2 - Base Rate	\$	1,716.00
OR LEVEL 2 - Per Min Rate	\$	70.00
OR LEVEL 3 - Base Rate	\$	2,100.00
OR LEVEL 3 - Per Min Rate	\$	78.00
OR LEVEL 4 - Base Rate	\$	3,326.00
OR LEVEL 4 - Per Min Rate	\$	106.00
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	\$	147.00
Manual therapy ea 15min	\$	123.00
Neuromuscular re ed ea 15 min in PT	\$	121.00
PT Evaluation: low complexity	\$	267.00
PT Evaluation: moderate complexity	\$	267.00
Therapeutic activities ea 15min	\$	115.00

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

Self care mgmt training ADL ea 15 min in OT	\$	125.00
Therapeutic exercise ea 15 min in OT	\$	129.00

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

ABG any combo pH/pCO2/pO2/CO2/HCO3(BLGA1 BLGV1 BLMV1)	\$	200.00
Aerosol treatment	\$	184.00
Airway Clearance Subsequent	\$	183.00
Arterial puncture for ABG by RT	\$	170.00
BIPAP	\$	604.00
Pulse oximetry oxygen saturation single determination	\$	159.00

If you received services at UH Geneva 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.