

In compliance with state law, Marion General Hospital 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 July 1, 2009.

Room and Board -- Per Day Charges

		Charges
Coronary care	Level 1	475.00
	Level 2	850.00
Intensive care	Level 1	1,330.00
	Level 2	1,135.00
Nursery	Level 1	535.00
	Level 2	1,135.00
Psychiatric care		710.00
Routine care		475.00

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.

	Charges
Normal Delivery	2,902.00
Cesarean Section Delivery	7,524.00
Labor Room Observation per hour	23.00

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, who will bill separately for their services.

	Charges
Level 1	131.00
Level 2	191.00
Level 3	275.00
Level 4	435.00
Level 5	730.00
Critical care	1,324.00

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.

	Charges	Additional 15-Minute Charge
Level 1	1,237.00	414.00
Level 2	2,690.00	757.00
Level 3	3,694.00	924.00

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.

	Charges
Therapeutic Exercise - Each 15 Minutes	61.00
Therapeutic Activity	68.00
Gait Training	65.00
Evaluation	250.00

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.

	Charges
Evaluation	239.00
Physical Daily Living Skills	46.00
Therapeutic Exercise Each 15 Minutes	61.00
Strength/Endurance	61.00
Neuromuscular Re educate Each 15 Minutes	73.00

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.

	Charges
Pulmonary Rehab Exercise	81.00
Six Minute Walk	49.00
Pulm Rehab Evaluation	78.00
Pulmonary Rehab Re-Evaluation	78.00

X-Ray and Radiological Charges

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

	Charges
Chest 1 View	191.00
Chest 2 Views	246.00
Acute Abdominal Series	406.00
Lumbar Spine AP & Lateral	296.00
Hand Minimum 3 Views RT or LT	273.00
Abdomen 1 View (KUB)	235.00
Foot Comp Minimum 3 Views RT or LT	345.00
Ankle Comp Minimum 3 Views RT or LT	335.00
Abdomen With Upright Minimum 2 Views	400.00
Knee 1-2 Views RT or LT	245.00
Shoulder Comp Minimum 2 Views RT or LT	228.00
HIP Unilateral Comp Minimum 2 Views RT or LT	186.00
Wrist Complete Minimum 3 View RT or LT	283.00
Cervical Spine 4 View	439.00
Ribs Unilateral 2 Views RT or LT	257.00
Pelvis 1 View	200.00
Thoracic Spine 3 Views	345.00
Tibia Fibula 2 Views RT or LT	314.00
CT Brain Without Contrast	1,172.00
CT Pelvis With Contrast	1,900.00
CT Abdomen With Contrast	1,683.00
MRI Brain Without Contrast	1,741.00
MRI Brain With and Without Contrast	2,473.00
MRI Lumbar Spine Without Contrast	3,000.00
Cardiolite Dose	204.00
Gall Bladder Hepatobiliary Scan	865.00
Bone and/or joint imaging whole body	822.00
Cardiac Doppler	270.00
Color Flow Mapping	272.00
Echocardiography Complete	715.00

Laboratory Charges

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

	Charges
Venipuncture	13.00
Potassium	33.00
CBC PLT Auto Diff	75.00
Creatinine, Blood	35.00
Sodium	40.00
Chloride, Blood	41.00
Carbon Dioxide	19.00
Bun	33.00
Glucose	25.00
Calcium	23.00
CK	47.00
Troponin-I, Quant	75.00
Drug Screen Each Drug Class	72.00
AlbuMinimume	19.00
Protime	32.00
SGOT/AST	35.00
SGPT/ALT	35.00
Bilirubin - Total	35.00
Alkaline Phosphatase	40.00
Total Protein, Serum	39.00
Magnesium	40.00
Urinalysis Auto w/o Micro	45.00
PTT	56.00
Bilirubin Direct - Adult	35.00
Urine Culture	65.00
CBC WO Diff Inc PLT Count	48.00
Differential Manual	28.00
Blood Culture	137.00
Amylase	63.00
Lipase	59.00

Thank you for choosing Marion General Hospital for your healthcare needs. The following is a summary of our billing practices.

Costs and Billing

The payment of a deductible and/or co-pays will be requested at time of service. If a patient does not have insurance, a down payment of \$100 for an Emergency Department visit will be requested. Uninsured patients also will be asked to make a down payment of \$500 for all inpatient stays and outpatient procedures.

You will receive a copy of your hospital bill within a few weeks after your hospital stay. You also may receive other bills from your doctor(s), including your family doctor or specialists.

Cost of healthcare services are available from Marion General's Patient Access Department, which was previously known as Patient Registration. This office is located on the hospital's first floor, adjacent to the front lobby welcome desk. This information also is available from our Patient Accounting Office, which is located in Marion General's Office and Conference Center building, located at 278 Barks Road, or by calling the Patient Access Department at 740-383-8475.

It is important to us to correctly manage your hospital bill. If you have any questions about charges, please call Patient Accounting at 740-383-8530.

If your insurance plan does not pay your bill(s) within 90 days, or your claim is denied, you will receive a statement from Marion indicating the bill is now your responsibility. All bills sent to you are due upon receipt.

Marion General Hospital does not charge interest on any amount not paid in full during the normal course of collection.

Financial Assistance

We are pleased to offer financial assistance to patients with limited resources and inadequate medical insurance coverage. Eligibility is determined by total family income and assets.

For more information or to speak with a financial counselor, please call the Patient Access Department at 740-383-8475.

Marion General Hospital's Charity Care Policy

Marion General Hospital is part of the OhioHealth family of not-for-profit, faith-based healthcare facilities. Marion and OhioHealth tailor our policies to address the needs of each community it serves and provide one of the most compassionate charity care policies to individuals and families who cannot pay for healthcare services they receive at our facilities.

Marion General Hospital's charity care policy includes:

- Substantial charity care guidelines that provide free care for individuals and families who earn less than 100 percent of the federal poverty level.
- Sliding scale fees to provide substantially discounted care for individuals and families up to 400 percent of the federal poverty level.
- Hardship policy for patients who would not otherwise qualify for charity care, but have unique circumstances.

In many cases, Marion General Hospital offers interest free loans for up to six months to assist patients. Marion General Hospital also has an uninsured discount policy, for individuals without insurance who do not qualify for charity care.