

**Patient Price Information List**

In compliance with state law, Blanchard Valley Hospital and Bluffton Hospital are providing this price list containing our charges for room and board, delivery, emergency department, operating room, lab, physical therapy and other procedures. The hospitals' charges are the same for all patients, but a patient's out of pocket responsibility may vary, depending on your health plan's deductible and coinsurance provisions, and the payment terms negotiated by the insurer with the hospital. Uninsured or underinsured patients should consult with our Patient Financial Advocates to determine whether they qualify for assistance. These prices are in effect as of 01/01/2020.

**Room and Board -- Per Day Charges**

Routine care - private	\$ 1,052
Oncology - private	\$ 1,052
CCU - telemetry	\$ 1,941
CCU - critical care	\$ 2,855
Intensive Care	\$ 2,855
Maternity	\$ 1,709
Nursery – normal newborn	\$ 822
Special care nursery - step down	\$ 1,948
Special care nursery - ICU	\$ 2,998
Psychiatric care	\$ 1,768
Psychiatric care - private	\$ 1,700

**Labor and Delivery Charges**

*The delivery charges are not all-inclusive, but certain routine supplies are included. Additional charges will be incurred for physician services, anesthesia, patient specific supplies, diagnostic procedures, room and board and other related services.*

Normal Delivery	\$ 3,835
Cesarean Section Delivery	\$ 5,535
Amniocentesis	\$ 858

**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 specific emergency treatment. These charges also do not include fees for Emergency Department physicians, who will bill separately for their services.*

Level 1	\$ 135
Level 2	\$ 254

Level 3	\$ 491
Level 4	\$ 846
Level 5	\$ 1,201
Critical care	\$ 2,037

### Operating Room Charges

*Operating Room charges are based on the complexity level, with level 1 being the most basic, for a specific operation. The first 30 minutes is for initial set-up charge. There is an additional charge for each 15 minutes while the operation is being performed.*

Level 1	\$ 2,539
Level 2	\$ 2,919
Level 3	\$ 5,220
Level 4	\$ 6,272
Level 5	\$ 7,693
Additional quarter hour	\$ 461

### 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.*

Electrical stimulation (per 15 minutes)	\$ 40
Evaluation (low complexity, 20 minutes)	\$ 150
Evaluation (moderate complexity, 30 minutes)	\$ 68
Exercise (per 15 minutes)	\$ 64
Gait (per 15 minutes)	\$ 55
Manual Therapy (per 15 minutes)	\$ 68
Neuromuscular Re-education	\$ 65
Therapeutic activities	\$ 150

### 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.*

OT Evaluation (low complexity, 30 min)	\$ 169
OT Evaluation (moderate complexity, 45 min)	\$ 169
OT Therapeutic Activities of Daily Living (ADL) (per 15 min)	\$ 68
OT Treatment (per 15 min)	\$ 64
OT Ultrasound (per 15 min)	\$ 25

## Pulmonary Therapy Charges

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

Diffusion capacity	\$	155
Pulmonary Function Complete	\$	227
Spirometry	\$	247
Spirometry w bronchodilator	\$	415

## X-Ray and Radiological Charges

*The following charges reflect the hospital's most common outpatient x-ray and radiological procedures. Professional fees for the reading and interpretation of X-ray and radiological procedures are billed separately by the radiologist. There is an additional charge for contrast material for testing ordered with or with/without contrast.*

CT Angiography Chest	\$	1,385
CT scan Abdomen & Pelvis with and without contrast	\$	1,345
CT scan Abdomen & Pelvis with contrast	\$	1,345
CT scan Abdomen & Pelvis without contrast	\$	1,143
CT scan Chest with contrast	\$	640
CT scan Chest without contrast	\$	572
CT scan Head/Brain without Contrast	\$	572
CT scan Lumbar Spine without contrast	\$	572
CT scan Maxillofacial without contrast	\$	572
Mammogram digital diagnostic/bilateral	\$	290
Mammogram digital screening/unilateral	\$	231
MRI Brain with & without Contrast	\$	1,490
MRI Brain without Contrast	\$	894
MRI Lumbar Spine without Contrast	\$	493
MRI Neck Spine without Contrast	\$	493
Nuclear Bone image whole body	\$	1,355
Nuclear Cardio lite Stress Test includes Pro Fee	\$	4,825
Ultrasound Abdomen retroperitoneal	\$	540
Ultrasound Breast	\$	517
Ultrasound Gallbladder	\$	750
Ultrasound Head & Neck	\$	750
X-ray Abdomen	\$	320
X-ray Chest	\$	192
X-ray Foot (left or right)	\$	319
X-ray Lumbar Spine 2 or 3 views	\$	247

X-ray Lumbar Spine Bending 2 or 3 views	\$	392
X-ray Spine Cervical 2 or 3 views	\$	319

### Laboratory Charges

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

**Professional fees for the reading and interpretation of some lab procedures are billed separately by Blanchard Valley Pathology & Lab. There is a phlebotomy (blood draw) charge of \$13.80 with each blood draw for outpatient lab tests**

AP Bill Surgical Pathology Level IV Complexity	\$	276
Bacteria Culture - Urine; Quantitative	\$	62
Chlamydia T Amplif Na Probe	\$	129
Complete CBC w Plt w Auto Diff	\$	17
Complete CBC with Plt	\$	58
Comprehensive Metabolic Panel	\$	23
C-Reactive Protein	\$	96
Creatinine; Blood	\$	11
Creatinine; Not Blood	\$	50
Culture Backup Strep	\$	71
Cytopathology Cervical/Vag; Thin Layer Prep w/ Manual Scrn	\$	59
Free Thyroxine	\$	20
Gram negative identification (Vitek)	\$	52
Hemoglobin A1C Test	\$	21
Hepatitis C Antibody	\$	31
Lipid Panel	\$	40
Magnesium	\$	28
Metabolic Panel Total Calcium	\$	18
Neisseria Amplif Na Probe (Gonorrhea, DNA)	\$	90
Nonauto Erythrocyte Sed Rate	\$	55
Prostate Specific Antigen	\$	40
Prothrombin Time	\$	31
Thyroid Stimulating Hormone (TSH)	\$	36
Uric Acid; Blood	\$	26
Urine Bacteria Culture	\$	58
Urine Dip with Micro Automated	\$	7
Urine Total Protein	\$	8
Vitamin B-12 Level	\$	73
Vitamin D 25 Hydroxy	\$	64
Vitek Gram Negative Panel 73	\$	35

## Hospital Billing Policies

Blanchard Valley Hospital (BVH) and Bluffton Hospital (BH) patients will be given multiple **options for payment** of all balances due on their account(s). Those options include:

**Option 1: Financial Assistance** – Financial Advocates will assist patients to determine if there are funding sources and/or other options available when applicable to assist the uninsured and underinsured. Those sources include, but are not limited to: Medicare, Medicaid, Ohio Hospital Care Assurance Program (HCAP), philanthropic programs, local programs, and BVH's and BH's Financial Assistance/Charity Care program. BVH and BH will comply with all applicable federal, state, and local laws when providing free or discounted care to indigent patients who are uninsured or underinsured. Patients are responsible to provide the necessary financial information in order to receive the appropriate financial assistance. The Financial Assistance program is subject to hospital specific policies.

**Option 2: Payment Methods** – Payments can be made by: cash, check, Visa, MasterCard, Discover, debit card, health savings accounts (HSAs), or flexible spending accounts (FSAs). On-line bill payment is also available as a convenience to our patients, for which all transactions are secure and regulated by the Federal Reserve Banking Law.

**Option 3: Six Month Payment Plan** – Payment plans may be offered to patients/guarantors who cannot make payment in full or do not qualify for financial assistance or the Bank Financing Program. Payment arrangements will be made according to the hospital's specific policy. BVH and BH will extend an **uninsured/self-pay discount** to patients who do not have insurance or other funding program, who do not qualify for other federal, state, or local programs, and who do not qualify for hospital financial assistance. This discount will only apply to medically necessary services. This is subject to hospital's specific policy.

BVH and BH have also adopted a **prompt pay discount** to expedite the resolution of patient account balances in a timely manner. A 5% prompt pay discount is available when open accounts are paid in full within 30 days of initial statement notification of the patient's financial responsibility. This discount is subject to the hospital's specific policy.

**Option 4: Bank Financing Program** – Extended payment plans may be offered to patients/guarantors who are unable to make payment in full, agree to the six-month payment plan or do not qualify for financial assistance, through the hospital's Bank Financing Program with our partner, Western Alliance Bank. These extended payment plans allow more flexibility to meet the patient's needs. The program is subject to the hospital's specific policy and criteria.

BVH and BH reinforce that the patient/guarantor is responsible for payment of the hospital bill. In addition, we are obligated to collect outstanding balances and will do so in a fair and consistent manner. It is also important to note that BVH and BH may not be contracted as an in-network provider with a given patient's insurance carrier. It is the patient's responsibility to verify insurance coverage and eligibility with their insurance carrier prior to service.

For questions or assistance regarding any of the information provided, please contact:

Financial Advocacy..... 419-423-5311 or Toll Free: 844-409-3357  
Billing..... 419-423-5310 or Toll Free: 855-869-5310  
Credit & Collection ..... 419-423-5311 or Toll Free: 844-409-3357  
Pricing Estimates ..... 419-425-5252

**As noted above, professional fees for services are billed separately by each provider. If you have questions, you may contact the number above for Pricing Estimates or call any of the providers listed below.**

Blanchard Valley Pathology & Lab (physician group) ..... 1-844-499-0358  
Riverside Radiology.....1-866-863-6739  
Blanchard Valley Medical Associates..... 419-424-0380  
(Cardiology & Pulmonology readings)  
BVRHC Anesthesiology..... 419-423-5310 or Toll Free: 855-869-5310  
Premier / TeamHealth (Findlay) Emergency Physicians.... 888-925-6772