



## 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 hospital's charges are the same for all patients, but a patient's responsibility may vary, depending on your health plan's coinsurance and deductible 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 01/01/18.

### Room and Board -- Per Day Charges

Routine care - private	\$ 1,052
Oncology - private	\$ 1,052
CCU - telemetry	\$ 1,578
CCU - critical care	\$ 2,314
Intensive Care	\$ 2,314
Maternity	\$ 1,628
Nursery – normal newborn	\$ 814
Special care nursery - step down	\$ 1,583
Special care nursery - ICU	\$ 2,436
Psychiatric care	\$ 1,240
Psychiatric care - private	\$ 1,290

### Labor and Delivery Charges

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

Normal Delivery	\$ 2,700
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 particular emergency treatment. These charges also do not include fees for Emergency Department physicians, who will bill separately for their services.*

Level 1	\$ 137
Level 2	\$ 261
Level 3	\$ 499
Level 4	\$ 860
Level 5	\$ 1,217
Critical care	\$ 2,097

## Operating Room Charges

*Operating Room charges are based on the complexity level, with level 1 being the most basic, for a particular 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. Robotic level charges include robotic specific supplies.*

Level 1	\$ 2,539
Level 2	\$ 2,919
Level 3	\$ 4,077
Level 3 with Navigation	\$ 13,745
Level 4	\$ 4,899
Level 4 Robotic supplies included	\$ 8,583
Level 5	\$ 6,009
Level 5 with Navigation	\$ 15,407
Additional quarter hour	\$ 356

## 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.*

Evaluation	\$ 150	Gait	(per 15 minutes)	\$ 55
Electrical stimulation (per 15 minutes)	\$ 40			
Ultrasound (per 15 minutes)	\$ 25	Exercise	(per 15 minutes)	\$ 65
		Manual		
Iontophoresis (per 15 minutes)	\$ 66	Therapy	(per 15 minutes)	\$ 68

## 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	\$ 169	OT Therapeutic Activities of Daily Living (ADL) (per 15 minutes)	\$ 68
OT Ultrasound (per 15 minutes)	\$ 25	OT Treatment (per 15 minutes)	\$ 64

## 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	\$ 172
Pulmonary Function Complete	\$ 227
Spirometry	\$ 227

## X-Ray and Radiological Charges

*The following charges reflect the hospital's most common x-ray and radiological procedures. Professional fees for the reading and interpretation of X-ray and radiological procedures are billed separately by Imaging Consultants of Findlay.*

*An additional charge for contrast material will be applied for testing ordered with or with/without contrast.*

CT scan Abdomen with Contrast	\$ 747
CT scan Abdomen without Contrast	\$ 747
CT scan Abdomen with & without Contrast	\$ 1,720
CT scan Brain without Contrast	\$ 747
CT scan Chest with Contrast	\$ 747
CT scan Lower Extremity without Contrast	\$ 747
CT scan Pelvis with Contrast	\$ 747
CT scan Pelvis without Contrast	\$ 747
CTA Chest	\$ 1,845
Mammogram digital diagnostic/bilateral	\$ 217
Mammogram digital screening/bilateral	\$ 189
MRI Abdomen with & without Contrast	\$ 1,947
MRI Brain with & without Contrast	\$ 1,947
MRI Cervical Spine with & without contrast	\$ 916
MRI Lumbar Spine without Contrast	\$ 548
Nuclear Bone image whole body	\$ 903
Nuclear Cardiolite Stress Test includes Pro Fee	\$ 3,217
Ultrasound Abdomen	\$ 500
Ultrasound Breast	\$ 345
Ultrasound Pelvis	\$ 500
Ultrasound Trans-vaginal	\$ 500
X-ray Abdomen 2-Way	\$ 213
X-ray Ankle 3 view	\$ 213
X-ray Bone Density Study 2 Area	\$ 335
X-ray Chest PA/Lateral 2 view	\$ 213
X-ray Foot 3 view	\$ 213
X-ray Lumbar Spine 2 or 3 view	\$ 213

## 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*

Bacteria Culture - Urine; Quantitative	\$ 57
Blood Typing; ABO	\$ 33
Blood Typing; Rh D	\$ 33
Chlamydia T Amplif Na Probe	\$ 84
Complete CBC w Auto Diff	\$ 19

Comprehensive Metabolic Panel	\$	25
C-Reactive Protein	\$	64
Creatinine; Blood	\$	12
Creatinine; Not Blood	\$	47
Cytopathology Cervical/Vag; Thin Layer Prep with Manual Screen	\$	49
Ferritin	\$	83
Free Thyroxine	\$	22
Glucose; Quantitative Blood	\$	9
Hemoglobin A1C Test	\$	23
Iron	\$	32
Lipid Panel	\$	44
Liver (Hepatic) Function Panel	\$	124
Magnesium	\$	34
Metabolic Panel Total Calcium	\$	20
Microalbumin; Urine Quantitative	\$	14
Neisseria Amplif Na Probe	\$	99
Nonauto Erythrocyte Sed Rate	\$	49
Phosphate	\$	28
Pregnancy Test - Serum/HCG Qualitative	\$	54
Prothrombin Time	\$	28
PTT; Plasma Or Whole Blood	\$	41
Renal Function Panel	\$	200
Thyroid Stimulating Hormone (TSH)	\$	40
Uric Acid; Blood	\$	32
Urine Bacteria Culture	\$	53
Urine Dip with Micro Automated	\$	8
Urine Total Protein	\$	9
Vitamin B-12 Level	\$	68
Vitamin D 25 Hydroxy	\$	71

## 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, who do not qualify for other federal, state, or local programs, or 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.....419-423-7681  
Billing.....419-423-5310  
Credit & Collection.....419-423-5311  
Pricing Estimates..... .419-423-6453

**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..... 419-423-5322 (Pathology), (419) 423-5318 (Lab)  
Imaging Consultants of Findlay..... 866-482-5419  
Blanchard Valley Medical Associates..... 419-427-1396 (Pulmonology readings)  
or 419-427-1381 (Cardiology readings)  
BVRHC Anesthesiology..... 419-423-5310 or 855-869-5310  
Premier/TeamHealth (Findlay) Emergency Physicians.... 866-660-7290