



**Summa Akron City and St. Thomas Hospitals
Usual and Customary Charges for Selected Procedures
Patient Price List**

In compliance with state law, Summa Akron City and St. Thomas Hospitals publishes charges for room and board, emergency department, labor and delivery, operating room, lab, radiology and other procedures. This publication is available upon request when visiting the hospital and may be found at <http://summahealth.org/patientpricereports>. The hospital charges are consistent for all patients. The patient's responsibility may vary, however, depending on insurance contracts with individual health insurers. Summa Health System offers financial assistance through the Ohio Hospital Care Assurance Program, Summa's Charity and Uninsured Patient Charity Programs. For information contact Patient Financial Services at 330.996.8505.

These prices are correct as of January 1, 2013.

Room and Board per Day Charges

Medical/Surgical Semi-Private	\$2,018.75	Nursery	1,545.00
Chemical Dependency/Detox/Psychiatry	2,018.75	Perinatal	2,946.75
Oncology	2,051.25	Step Down	4,371.00
Medical/Surgical Private	2,088.25	Coronary/Intensive Care	9,982.25

Labor and Delivery Charges

Labor Room First Hr	487.00	OB OR Level 1: First 30 Min	2,026.25
Labor Room each additional Hr	243.75	OB OR Level 2: First 30 Min	3,935.25
Labor/Delivery Unit	415.75	OB OR Level 3: First 30 Min	5,807.50
Birthing Room First Hr	4,290.75	OB OR Level 1 or 2: each additional 15 Min	206.25
Birthing Room each additional Hr	365.75	OB OR Level 3: each additional 15 Min	319.75
Birthing Room High Risk First 30 Min	4,804.75	OB PACU First 30 Min	365.75
Birthing Room High Risk each additional 15 Min	95.00	OB PACU each additional 15 Min	81.50
Delivery Room First 30 Min	4,534.00	Circumcision Newborn	338.50
Delivery Room each additional 15 Min	95.00	Fetal Non-Stress	464.75

Emergency Department Charges

Emergency Department charges are based on the level of emergency care provided to patients. There may be other hospital charges related to the emergency room visit (drugs, ancillary services, testing, anesthesia, etc.) Services provided by Emergency physicians will be billed by the physicians.

Level 1	360.25	Critical Care Initial	4,429.50
Level 2	520.50	Critical Care Additional	1,409.50
Level 3	916.75	Stroke Team	4,429.50
Level 4	1,606.25	Trauma Team Activation with CC	7,128.50
Level 5	2,371.50		



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Laboratory

The following charges reflect the hospital's 30 most common laboratory procedures (in alphabetical order).

Albumin	105.75	Hemoglobin	55.50
Antibody Screen	222.00	Hemoglobin A-1-C	169.75
Antimicrobial Susceptibility	136.50	Hemogram w/Auto Diff	111.00
AST (SGOT)	92.75	Hemogram Plt Auto	111.00
Basic Metabolic Panel	172.75	Hepatic Function Panel	169.75
Blood Gas Arterial	345.75	Lipase	179.25
Blood Typing ABO	109.25	Lipid Panel	208.75
Blood Typing RH	102.75	Magnesium	99.75
Comprehensive Metabolic Panel	234.25	Partial Thromboplastin Time (PTT)	117.25
Crossmatch	195.25	Phosphorus	78.50
Culture Blood	400.00	Potassium	74.00
Culture Urine	195.50	ProTime	81.75
Drug Class	46.50	Surgical Pathology Level IV	338.75
Glucose by Meter	97.50	Thyroid Stimulating Hormone (TSH)	158.00
Hematocrit	55.50	Troponin I, Quantitative	246.00

Occupational or Physical Therapy

Application Finger Stat SPL	246.00	PT Evaluation and Report	365.75
Application Splint	550.50	PT Re-Eval	365.75
Check Pros/Orthotic per 15 Min	159.75	Self/Home Mgt per 15 min	148.50
Cognitive Training per 15 Min	136.00	Therapeutic Exercise per 15 Min	212.00
Gait Training per 15 Min	159.50	Therapeutic Manipulative Therapy per 15 Min	176.50
OT Evaluation and Report	383.75	Therapeutic Procedure Neuro per 15 Min	166.50
OT Re-Eval t	319.00	Therapeutic Procedure per 15 Min	183.75
OT Therapeutic Orthotic Fit per 15 min	154.25	Therapy Group	212.00
PT Biofeedback Training	353.50	Wheelchair Management per 15 Min	136.00
PT E Stim per 15 min	175.50	Whirlpool	250.25

Pulmonary Therapy

Arterial Puncture Blood for DX	717.00	O2 Uptake Rest Indirect	888.50
Behavior Change Smoking 3-10 min	57.00	O2 Uptake Percentage O2	882.25
Bronchoprovocation	2,392.25	Office visit established patient Level 1	128.75
Bronchospasm Pre and Post Blood Draw	762.50	Pulmonary Function Test by Gas Frc/RV	780.00
CO Diffuse Capacity	579.50	Plummonary Function Test Pleth/Frc/RV	597.25
Flow Volume Loop	780.00	Pulse OX Multi Det with Exercise	130.25
Hast with Report	165.75	Pulse OX Single with Procedure Only	230.75
O2 Uptake Direct Simple	240.50	Spirometry	486.00



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Hospital Billing Policies

Your insurance providers, including Medicare, Medicaid, other primary insurance providers and secondary insurance providers are billed by Summa hospitals before a bill is sent to you. Interest will not be charged on any balance due after insurance payments are received. If you are not able to pay the amount you owe in full, please contact Patient Financial Services at the phone number noted on your bill to apply for financial assistance or arrange for a payment plan.

Emergency services are neither delayed nor withheld on the basis of a patient's ability to pay. You may also find helpful consumer information at <http://www.ohiohealthcareguide.org/>.