



## Summa Akron City and Barberton Hospitals

### Usual and Customary Charges for Selected Procedures

#### Patient Price List

In compliance with state law, Summa Akron City and Barberton hospitals publish 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 hospitals and may be found at <https://www.summahealth.org/patientvisitor/InsuranceandBilling/patientpricereports> 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 234.312.5700.

Prices as of January 1<sup>st</sup>, 2025.

#### 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.

#### Room and Board per Day Charges

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SEMI PRIVATE ROOM	\$3,530	PERINATAL	\$5,153
DETOX/PSYCHIATRY ROOM	\$3,530	ICU/CARDIAC TELEMETRY ROOM	\$7,500
ONCOLOGY ROOM	\$3,530	ICU STEPDOWN	\$6,500
PRIVATE ROOM	\$3,651	INTENSIVE CARE/CORONARY CARE	\$16,137
NURSERY LEVEL 1	\$2,498		

#### Labor and Delivery Charges

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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.

BIRTH RM HIGH RISK 1ST 30 MIN	\$8,240	LABOR ROOM FIRST HR	\$837
BIRTH RM HIGH RISK EA ADD 15 MIN	\$164	OB OR LEVEL 1: 1ST 30 MIN	\$3,937
BIRTHING ROOM FIRST HR	\$7,359	OB OR LEVEL 1 OR 2: EA ADD 15M	\$401
CIRCUMCISION W/REGIONAL BLOCK	\$609	OB OR LEVEL 2: 1ST 30 MIN	\$7,645
DELIVERY RM 1ST 30 MIN	\$7,776	OB OR LEVEL 3: 1ST 30 MIN	\$11,283
DELIVERY RM EA ADD 15 MIN	\$164	OB OR LEVEL 3: EA ADD 15M	\$622
FETAL NON-STRESS TEST	\$767	OB PACU - 1ST 30 MIN	\$711
LABOR AND DELIVERY	\$728	OB PACU - ADD 15 MIN	\$159
LABOR ROOM EA ADD HR	\$420		

## Emergency Department Charges

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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.

ED LEVEL 1 EMERGENCY EXAM	\$635	ED CRITICAL CARE 30-74 MINUTES	\$8,125
ED LEVEL 2 EMERGENCY EXAM	\$857	ED CRITICAL CARE ADDL 30 MIN	\$2,586
ED LEVEL 3 EMERGENCY EXAM	\$1,667	PRE-NOTIFY TRAUMA EVAL W/CC	\$9,157
ED LEVEL 4 EMERGENCY EXAM	\$2,864	PRE-NOTIFY SURGICAL ACT W/CC	\$17,727
ED LEVEL 5 EMERGENCY EXAM	\$4,351		

## Operating Room Charges

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LEVEL 1 ROOM OPEN	\$2,946	LEVEL 1 PER MINUTE	\$63
LEVEL 2 ROOM OPEN	\$6,490	LEVEL 2 PER MINUTE	\$66
LEVEL 3 ROOM OPEN	\$8,441	LEVEL 3 PER MINUTE	\$77
LEVEL 4 ROOM OPEN	\$18,077	LEVEL 4 PER MINUTE	\$125

## Anesthesia Charges

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Anesthesia charges are a function of the type of anesthesia and the level of risk for the patient based on the patient's overall health and risk for complications. Fees for anesthesia administration are not reflected and will be billed separately by your physician.

ANES-EPIDURAL ASA 1-1ST 30M	\$1,180	ANES-MAC ASA 4 - FIRST 30 MIN	\$694
ANES-EPIDURAL ASA 2-1ST 30M	\$1,298	ANES-MAC ASA 5 - FIRST 30 MIN	\$763
ANES-EPIDURAL ASA 3-1ST 30M	\$1,429	ANES-REGIONAL ASA 1 -1ST 30MN	\$773
ANES-EPIDURAL ASA 4-1ST 30M	\$1,571	ANES-REGIONAL ASA 2 -1ST 30MN	\$850
ANES-EPIDURAL ASA 5-1ST 30M	\$1,728	ANES-REGIONAL ASA 3-1ST 30MN	\$935
ANES-GENERAL ASA 1 - 1ST 30 MN	\$1,481	ANES-REGIONAL ASA 4 -1ST 30MN	\$1,029
ANES-GENERAL ASA 2 - 1ST 30 MN	\$1,630	ANES-REGIONAL ASA 5 -1ST 30 MN	\$1,131
ANES-GENERAL ASA 3 - 1ST 30 MN	\$1,793	ANES-SPINAL ASA 1-1ST 30M	\$947
ANES-GENERAL ASA 4 - 1ST 30 MN	\$1,973	ANES-SPINAL ASA 2-1ST 30M	\$1,041
ANES-GENERAL ASA 5 - 1ST 30 MN	\$2,169	ANES-SPINAL ASA 3-1ST 30M	\$1,145
ANES-GENERAL ASA 6 - 1ST 30 MN	\$2,386	ANES-SPINAL ASA 4-1ST 30M	\$1,259
ANES-MAC ASA 1 - FIRST 30 MIN	\$522	ANES-SPINAL ASA 5-1ST 30M	\$1,386
ANES-MAC ASA 2 - FIRST 30 MIN	\$573	ANES-EACH ADDL 15 MIN	\$98
ANES-MAC ASA 3 - FIRST 30 MIN	\$632		

## X-Ray and Radiological Charges

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

BREAST TOMOSYNTHESIS SCREENING BIL	\$148	CT CHEST ANGIO W AND WO IV CONT	\$4,473
CT ABDOMEN PELVIS W CONTRAST	\$4,855	CT CHEST W CONTRAST	\$3,289
CT ABDOMEN PELVIS WO CONTRAST	\$3,971	CT HEAD NECK ANGIO W AND WO IV CONTRAST	\$4,700
CT CERVICAL SPINE WO CONTRAST	\$3,292	CT HEAD WO CONTRAST	\$1,972

## X-Ray and Radiological Charges Continued

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CT NECK ANGIO W AND WO IV CONTRAST	\$4,751	US PELVIS TRANSVAGINAL	\$956
CT THORAX WO CONT	\$2,858	US RENAL COMPLETE	\$1,898
DXA BONE DEN 1+ SITES AXIAL	\$883	XR ABDOMEN 1 VIEW	\$420
MRI BRAIN W WO CONTRAST	\$4,864	XR ANKLE 3+ VIEWS UNI	\$830
MRI BRAIN WO CONTRAST	\$3,439	XR CHEST 1 VIEW	\$435
NTSTY MODUL RAD TX DLVR CPLX	\$6,550	XR CHEST 2 VIEWS	\$530
RAD TX DEL >= 3 AREAS TO 5 MEV	\$1,997	XR EXAM HIP UNI 2-3 VIEWS	\$572
SCR MAMMO BI INCL CAD	\$532	XR FOOT 3+ VIEWS UNI	\$933
SHOULDER 2+ VIEWS UNI	\$588	XR HAND 3+ VIEWS UNI	\$638
US ABDOMEN LIMITED	\$1,025	XR KNEE 3 VIEW UNI	\$774
US BREAST LIMITED UNI	\$1,083	XR PELVIS 1-2 VIEWS	\$578

## Laboratory Charges

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

AEROB BACTERIAL BLOOD CULTURE	\$337	GLUCOSE; QUAN WB POC	\$72
ALKALINE PHOSPHATASE	\$79	HEMOGLOBIN A1C	\$157
APTT	\$82	LACTATE	\$196
ASSAY OF ACETAMINOPHEN	\$473	LIPASE	\$179
AUTOM URINALYSIS WO MICRO	\$33	MAGNESIUM	\$109
BASIC METABOLIC PANEL	\$165	NATRIURETIC PEPTIDE	\$542
BILIRUBIN DIRECT	\$80	PHOSPHORUS	\$85
BLOOD GAS MIXED WO O2 SAT	\$376	PROTHROMBIN TIME	\$77
BLOOD TYPING - ABO	\$133	RBC AB SCRIN EA TECHIQ	\$202
BLOOD TYPING - RH D	\$118	RETICULATED PLATELET ASSAY	\$204
CARBON DIOXIDE	\$58	ROUTINE VENIPUNCTURE	\$57
COMPL AUTOM CBC W PLT	\$92	SURG PATH LEVEL IV	\$686
COMPL CBC W PLT W AUTOM DIFF	\$101	TROPONIN QUANT	\$248
COMPREHENSIVE MET PANEL	\$265	TSH	\$214
DRUG TEST DEF 1-7 CLASSES	\$399	URINALYSIS COMPLETE	\$86

## Occupational or Physical Therapy

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The following charges reflect the most common services offered by our Occupational Therapy and Physical Therapy departments. Patients may have additional charges, depending on the services performed.

OT APP SHRT ARM SPLINT STATIC UNI	\$802	PT MECHANICAL TRACTION THERAPY	\$287
OT APPLY FINGER SPLINT-DYNAMIC	\$471	PT RE-EVAL EST PLAN CARE	\$413
OT EVAL LOW COMPLEX 30 MIN	\$829	PT TX ACTIVE FUNCT Q15	\$330
OT RE-EVAL EST PLAN CARE	\$553	PT TX MAN THER TECH Q 15	\$288
OT THERAPEUTIC EXERCISES	\$200	PT TX PROC NEURO Q15	\$322
OT WHIRLPOOL THERAPY	\$313	PT TX PROC Q15	\$200
PT E STIM UNAT	\$195	PT US Q 15	\$226
PT EVAL LOW COMPLEX 20 MIN	\$745		

## Pulmonary Therapy

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

BEHAV CHNG SMOKING >10 MIN	\$286	POS AIRWAY PRESSURE CPAP	\$918
BEHAV CHNG SMOKING 3-10 MIN	\$148	POTASSIUM	\$81
BLOOD GAS MIXED WO O2 SAT	\$376	PULM FUNCT TST BY GAS FRC/RV	\$820
BRONCHOPROVOCATION	\$1,891	PULM FUNCT TST PLETH FRC/RV	\$1,355
BRONCHOSPASM-PRE & POST BD	\$1,138	PULSE OX MULT DET W/EX	\$468
C0 DIFFUSE CAPACITY	\$845	PULSE OX SGL DETERMINATION	\$381
CHEST PT SUBSEQUENT	\$286	SPIROMETRY	\$726
EVALUATE PT USE OF INHALER	\$403	VENT MGMT INPT/OBS 1ST DAY-INV	\$3,806
HAST W/REPORT	\$421	VENT MGMT INPT/OBS SUBQ DAY-INV	\$2,698
INTUBATION EMERG PROC	\$1,822	WITHDRAWAL OF ARTERIAL BLOOD	\$193