

Patient Price Information List

In compliance with state law, Wyandot Memorial 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 business office to determine whether they qualify for discounts.

These prices are correct as of January 1, 2018.

Room and Board -- Per Day Charges

The following charges reflect the type of accommodations needed, the personnel resources and the intensity of care needed to provide treatment. The following charges do not include fees for drugs, supplies or additional ancillary procedures that may be required or ordered by your physician. They also do not include professional fees for physicians, which will be billed separately for their services.

	Charge#	Charges
Coronary care	3140010	\$1,222.65
Intensive care	3140010	\$1,222.65
Nursery	3090010	\$525.30
Routine care	3020020	\$783.65
Obstetrics	3080040	\$577.00

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.

	Charge#	Charges
Normal Delivery	3190100	\$1,623.50
Cesarean Section Delivery		<i>See Operating Room Charges</i>
Amniocentesis	3190360	\$201.70
Fetal Monitor	3190210	\$219.65
Labor Room	3190150	\$715.00

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, which will be billed separately for their services.

	Charge#	Charges
Level 1	3239281	\$80.10
Level 2	3239282	\$138.30
Level 3	3239283	\$276.61
Level 4	3239284	\$424.80
Level 5	3239285	\$597.90

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. The charges below do not include fees for drugs, supplies or additional ancillary services. Fees for physician services or anesthesia administration are also not reflected and will be billed separately by your physician.

	Charge#	Charges	Charges	Charge#	
	Base	Set-Up Charge	Additional 15-Minute Charge		
Level 1	3219910	\$387.65		3219911	\$359.65
Level 2	3219920	\$410.40		3219921	\$401.25
Level 3	3219930	\$569.50		3219931	\$448.45
Level 4	3219940	\$582.00		3219941	\$465.40

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.

	Charge#	Charges
PT Evaluation	4090260	\$155.20
Therapeutic Exercise/15 min	4090350	\$74.60
Electrical Stimulation	4090240	\$64.65
Ultrasound/15 min	4090170	\$59.35
Gait Training	4090020	\$69.45
PT Aquatic Treatment/15 min	4090135	\$93.45
Cervical Traction	4090070	\$59.25

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.

	Charge#	Charges
OT Evaluation	4090553	\$162.40
OT Therapeutic Exercise/15 min	4090557	\$76.85
OT Paraffin	4090556	\$59.50
OT Ultrasound/15 min	4090558	\$61.15

Respiratory Therapy & Sleep Lab Charges

The following charges reflect the most common services offered by our Respiratory Therapy / Sleep Lab department. Patients may have additional charges, depending on the services performed.

	Charge#	Charges
Respiratory Therapy		
EKG	3170000	\$113.90
Hand Held Nebulizer Treatment	3170018	\$87.00
Oxygen/Day	3170002	\$182.45
Mechanical Ventilation/day	3170021	\$1,139.30
PFT Complete	3170063	\$546.25
Pleth/RAW	3170064	\$198.50
PFT Diffusion	3170066	\$364.60
ABG Analysis	3170070	\$284.50
Sleep Lab		
Sleep Initial	4064010	\$2,725.15
Sleep CPAP	4064020	\$3,093.15

Imaging & Cardiology Charges

The following charges reflect the hospital's most common Imaging and Cardiology procedures. Patients may have additional charges, depending on the services performed. Fees For Physician services will be billed separately.

	Charge#	Charges
Chest PA/LAT	4041020	\$260.10
Chest PA or AP	4041010	\$194.85
Screening Mamm	4046651	\$121.10
CT Brain without Contrast	4058025	\$1,056.20
Hepatobiliary-Hida	4110110	\$969.20
Thyroid Uptake	4110200	\$901.65
Knee 1 or 2 views	4043100	\$194.85
Myocardial Multi - SPECT	4110030	\$2,940.80
Ankle 3 Views	4043190	\$194.85
CT Pelvis With and Without Contra	4056635	\$1,875.20
CT Abdomen With Contrast	4058220	\$1,856.25
Fetal US Single	4046810	\$684.75
Spine, Lumbar 2-3 Views	4042130	\$260.10
CT Abdomen Without Contrast	4056641	\$1,242.40
Shoulder 2 Views	4042610	\$243.25
Hip 2 Views	4043010	\$195.55
Hand 3 Views	4042900	\$178.05
Wrist 3 Views	4042860	\$194.85
Foot 3 Views	4043230	\$194.85
Acute Abdominal Series	4043320	\$ 454.85
CT Pelvis Without Contrast	4056630	\$ 1,242.40
Cervical Spine With Obliques	4042070	\$ 425.10
Abdomen KUB	4043300	\$ 194.85
Abdomen AP and Erect	4043310	\$ 260.35
Transvaginal US non-OB	4046510	\$ 385.25
Carotid Duplex Bilateral	4047280	\$ 801.85
Abdominal Complete - US	4046700	\$ 649.15
Bio-Physical Profile	4046825	\$ 684.75
Dexa Axial Scan	4045595	\$ 472.75
Transvaginal US OB	4046628	\$ 321.35
Echocardiogram	4034200	\$ 1,656.10
Stress Test	4034300	\$ 659.10
Nuclear Stress Imaging	4110030	\$ 2,940.80
TEE Transesophageal Echo	4033312	\$ 1,539.35
TILT Table	4030500	\$ 1,005.05

Laboratory Charges

The following charges reflect the hospital's most common laboratory procedures. Fees for Physician Services will be billed separately.

	Charge#	Charges
Blood Draw	4011039	\$ 20.70
Urinalysis	4011001	\$ 38.95
Lipid Profile	4010036	\$ 113.20
CBC With Auto Diff	4010042	\$ 70.30
Troponin	4010096	\$ 116.40
Serum Amylase	4010125	\$ 59.55
Qualitative HCG	4010186	\$ 67.95
Serum Creatinine	4010192	\$ 46.45
Hemoglobin A1C	4010208	\$ 87.35
Plasma Glucose	4010219	\$ 35.55
Magnesium	4010230	\$ 50.75
TSH	4010252	\$ 150.90
PT/INR	4010303	\$ 48.25
PTT	4010304	\$ 54.30
Urine Dip	4010387	\$ 23.60
D-Dimer	4010476	\$ 101.90
Hematocrit	4010505	\$ 21.65
Hemoglobin	4010504	\$ 21.65
Sed Rate	4010510	\$ 35.35
Routine Culture	4010603	\$ 77.51
Blood Culture	4010604	\$ 93.01
Urine Culture	4010620	\$ 72.80
PSA -Screen	4010631	\$ 125.10
BMP	4010648	\$ 61.45
Comprehensive Panel	4010653	\$ 81.45
BNP	4010718	\$ 109.30
Liver Profile	4014230	\$ 50.75
Lytes	4016008	\$ 71.50

Hospital Billing Policies

We appreciate the opportunity to serve you for your healthcare needs, and can provide guidance to you in preparing for payment of services

After you have received care at Wyandot Memorial Hospital, a bill is generated using the insurance coverage information you provided to the hospital's registration staff.

Insurance

Although the hospital provides all possible billing assistance to you, payment is not guaranteed from the insurance company. *Please call your insurance company regarding the services you are to receive, and verify their coverage and any possible pre-certification required.*

- You are responsible for any deductibles and co-insurance.
- After your insurance pays its portion of the bill, you will receive a statement for any remaining balance the following month.

Self-Pay

Statements are generated when your remaining balance is determined to be self-pay.

Itemized Bill

You may request an itemized bill for services you received by calling a billing specialist at the number noted below or mailing your request to the hospital at the address noted below.

Payment Arrangements

Payment is due within 10 days of receipt of your statement, or payment arrangements can be discussed with the Patient Accounts Supervisor by phoning 419-294-4991, extension 2245.

Partial payments are not accepted in lieu of an authorized pay plan. Partial payments must be agreed upon by the Patient Accounts Supervisor.

If you know you may be unable to pay your bill, it is important to talk with the Patient Accounts Supervisor as soon as possible after you have received services at WMH.

Payment Assistance Programs

HCAP - (Health Care Assistance Program)

The State of Ohio provides this program to patients or their responsible parties who are experiencing financial hardships and meet the guidelines established by the state. HCAP considers your household size and income in determining eligibility, and requires an application and income verification.

Charity program

The hospital understands extreme circumstances can sometimes occur that prevent patients from paying their bill. A one-on-one interview with the Patient Financial Services Director should be scheduled, so the patient or responsible party can make an application for charity care and verify financial information.

Patient Accounts Offices

Monday - Friday from 8 a.m. - 4:30 p.m. & by appointment

Our billing offices are located on the lower level of the hospital

Our cashier office is located on the main floor of the hospital

885 N. Sandusky Avenue, Upper Sandusky OH 43351

419-294-4991
