

In the interest of price transparency, Logansport Memorial Hospital is providing this price list containing our charges for Room and Board, Labor and Delivery, Emergency Department, Physical Therapy, Pulmonary and Cardiac Rehab, and the most common lab and imaging tests.

***The hospital charges the same amount for every patient.***

However, your responsibility for payment will vary depending on your health plan’s co-insurance and deductible requirements, and the payment terms agreed upon between your insurance company and the hospital. Uninsured or underinsured patients should consult with our Financial Counselors to determine whether they qualify for assistance.

## Room and Board Charges (per day)

<b>Routine Care (Med/Surg)</b>	\$1,258
<b>Intensive Care</b>	\$1,913
<b>Maternity Care</b>	\$1,383
<b>Nursery (Normal Newborn)</b>	\$1,142

## Labor and Delivery Charges

Delivery charges below are an estimate of patient cost for a normal delivery without complications. These charges are NOT all-inclusive. Additional charges will be incurred for physician services, anesthesia, patient-specific supplies, diagnostic procedures, room and board and other-related services.

<b>Normal Delivery</b>	Starting at: \$6,217
<b>Cesarean Section Delivery</b>	Starting at: \$7,900

## Emergency Department Charges

Emergency Department charges are for the patient visit, as based on the level of care provided to our patients, with Level 1 being the most basic. The levels reflect the staffing resources, the intensity of care, and the amount of time needed to provide treatment.

The level charges listed here do not include drugs, some supplies, or additional tests or procedures performed (imaging, labs, stitches, etc.) during a particular Emergency Room visit.

**Additionally, these charges DO NOT include Emergency Room Physician fees.**

Emergency Room Physicians will bill the patient separately for their services.

<b>Level 1</b>	\$155
<b>Level 2</b>	\$230
<b>Level 3</b>	\$375
<b>Level 4</b>	\$750
<b>Level 5</b>	\$1,000
<b>Critical Care</b>	\$1,200

## Physical / Occupational Therapy

The following charges reflect the most common services offered in these departments. Patients may have additional charges, depending on the services performed for their individualized healthcare plan.

<b>PT Exercise Active</b> (per 15 minutes)	\$116
<b>PT Manual Therapy</b>	\$106
<b>PT Evaluation</b>	\$265
<b>OT Therapeutic Exercise</b> (per 15 minutes)	\$117

## Pulmonary and Cardiac Rehab

The following charges reflect the most common services offered in these departments. Patients may have additional charges, depending on the services performed for their individualized healthcare plan.

### Pulmonary Rehab

Rehab (1-hour session)	\$55
Phase 3 (2 times per week)	\$38
Phase 3 (3 times per week)	\$48

### Cardiac Rehab

Phase 2	\$155
Phase 3 (2 times per week)	\$38
Phase 3 (3 times per week)	\$48

## Laboratory Charges

The following charges reflect the hospital's most common laboratory tests. **Professional fees for the reading and interpretation of some tests are billed separately by The South Bend Medical Foundation.** There is also a separate venipuncture charge of \$13.00 with all outpatient labs.

Lab—CBC	\$25
Lab—AMYLASE	\$68
Lab—CHEM 7	\$25
Lab—Comprehensive Metabolic Profile	\$35

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## Laboratory Charges (continued)

Lab—HBA1C	\$50
Lab—Liver Profile	\$93
Lab—TSH	\$50
Lab—CULTURE, BACTERIAL	\$97
Lab—URINE CULTURE	\$12
Lab—PROTHOMBIN	\$10
Lab—URINALYSIS	\$10
Lab—SED RATE	\$50
Lab—CPK	\$58
Lab—LIPID PROFILE	\$50
Lab—VITAMIN D 25 HYDROXY	\$115
Lab—HCG	\$148
Lab—URINE CREATININE	\$67
Lab—LIPASE	\$86
Lab—FREE T4	\$105
Lab—BLOOD CULTURE	\$135
Lab—TROPONIN-1	\$115
Lab—UCG URINE	\$75
Lab—GLUCOSE METER TEST	\$38
Lab—NATRIURETIC PEPTIDE	\$115
Lab—CHLAMYDIA BY AMPLIFIED DNA	\$153

## Pathology

Path—THIN PREP PAP \$98

## X-ray and Radiological Charges

The following charges reflect Logansport Memorial Hospital's most common x-ray and other imaging service procedures. **Professional fees for the reading and interpretation of procedures performed in Logansport Memorial Hospital's Imaging Services departments are billed separately by Associated Radiologists, Inc.**

Img—FOOT 3-VIEW	\$257
Img—SHOULDER 2-VIEW	\$257
Img—CHEST ONE-VIEW FRONTAL	\$168
Img—CERVICAL SPINE COMPLETE	\$313
Img—CHEST 2-VIEW FRONTAL AND LATERAL	\$340
Img—ABDOMEN SINGLE-VIEW	\$256
Img—LUMBAR SPINE 4-VIEW	\$523
Img—LUMBAR SPINE 2—3 VIEWS	\$256
Img—KNEE 3-VIEW	\$257
Img—SCOUT ABDOMEN	\$391
Img—ANKLE 3-VIEW	\$257
Img—ELBOW 3-VIEW	\$257
Img—HAND 3-VIEW	\$257
Img—WRIST 3-VIEW	\$257
Img—SHOULDER 2-VIEW	\$257

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## X-ray and Radiological Charges (continued)

If the procedure requires the patient to take the contrast material, an additional charge will be applied.

<b>CT CHEST</b>	\$743
<b>CT HEAD</b>	\$743
<b>CT ABDOMEN AND PELVIS</b>	\$743
<b>CT SPINE CERVICAL</b>	\$743
<b>MRI BRAIN</b>	\$1,302
<b>MRI CERVICAL</b>	\$1,302
<b>MRI LUMBAR SPINE</b>	\$1,302
<b>MRI LOWER JOINTS</b>	\$1,302
<b>Ultrasound—VENOUS DOPPLER, UNILATERAL</b>	\$500
<b>Ultrasound—LIMITED / SINGLE ORGAN</b>	\$805
<b>Ultrasound—VENOUS DOPPLER, BILATERAL</b>	\$900
<b>Ultrasound—KIDNEY</b>	\$600
<b>Ultrasound—TRANSVAGINAL</b>	\$470
<b>Ultrasound—CAROTID DOPPLER, COMPLETE</b>	\$1,104

## X-ray and Radiological Charges (continued)

<b>Mammography Screening</b>	\$334
<b>Mammography Diagnostic</b>	\$298

## Respiratory / Echo / Sleep Study

The following charges reflect the most common services offered in these departments. Patients may have additional charges, depending on the services performed for their individualized healthcare plan.

<b>EKG</b>	\$180
<b>Echo—M-Mode and Color Flow</b>	\$2,076
<b>Sleep Study—with CPAP</b>	\$3,018
<b>Sleep Study—with EEG</b>	\$2,804

## Diabetes

<b>Diabetic Instruction (30 minutes)</b>	\$107
<b>Dietetic MNT Assessment (per 15 minutes)</b>	\$73