

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)

Routine Care (Med/Surg)	\$1,258
Intensive Care	\$1,913
Maternity Care	\$1,383
Nursery (Normal Newborn)	\$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.

Normal Delivery	Starting at: \$6,217
Cesarean Section Delivery	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.

Level 1	\$155
Level 2	\$230
Level 3	\$375
Level 4	\$750
Level 5	\$1,000
Critical Care	\$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.

PT Exercise Active (per 15 minutes)	\$116
PT Manual Therapy	\$106
PT Evaluation	\$265
OT Therapeutic Exercise (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

Continued on Page 4...

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

Continued on Page 6...

X-ray and Radiological Charges (continued)

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

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

X-ray and Radiological Charges (continued)

Mammography Screening	\$334
Mammography Diagnostic	\$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.

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

Diabetes

Diabetic Instruction (30 minutes)	\$107
Dietetic MNT Assessment (per 15 minutes)	\$73