

Patient Pricing Information Sheet

In the interest of price transparency, Logansport Memorial Hospital is providing this price list containing our charges for Room and Board and Labor and Delivery to help you better prepare for the financial commitment of your pregnancy.

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)

Room and board charges include the use of a hospital room, meals, routine personal care items (such as soap, toothpaste, and tissues) and the nursing care received during your stay. Medications, medical supplies, diagnostic tests, treatment procedures, and physicians' services, etc. are billed separately.

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.

Vaginal Delivery	Starting at: \$6,217
Cesarean Section Delivery	Starting at: \$7,900

Financial Counseling

574.753.1371
574.753.1577

BUILDING BETTER HEALTH



The hospital charges
the same amount
for every patient.



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Insurance Coverage Form

Patient Name: _____ Date: _____

Services to be Rendered:	Estimated Cost:	Filed to Insurance:
Prenatal Bloodwork	All lab work will be billed separately from the fees listed on front; billed by Logansport Memorial Hospital	
First Trimester Ultrasound	\$186 - \$265	At time of service
Ultrasound at 16-20 weeks	\$350	At time of service
Global Fee <ul style="list-style-type: none">• OB Workup / First Prenatal Exam• Prenatal office care• Physician Fee for Vaginal/C-Section Delivery at Logansport Memorial Hospital• 6-weeks Postpartum Check	Vaginal Delivery \$3,456 C-Section Delivery \$4,113	At time of service/delivery

Additional services provided by the LMPN Women's Health Center (if necessary):

- Pregnancy Test
- RhoGam Injection
- Hospitalization prior to Delivery
- Complications of Pregnancy
- Amniocentesis
- Office visit unrelated to Pregnancy
- Twins Delivery
- Non-Stress Test

These will be charged separately, and filed to insurance at the time of service.

Payment Provisions:

Primary Insurance: _____

2nd Carrier: _____

Per-Visit Payment: _____	Date: _____
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I agree to make the above payments. I understand that the above charges are estimates. I also agree to notify the Women's Health Center if the insurance above is cancelled or changed in any way. If I need to set up plans to pay in full prior to delivery due to the changes and/or cancellation of the above insurance, I agree to do so.

Patient Signature: _____ Date: _____