

**PENINSULA REGIONAL MEDICAL CENTER**  
**FREQUENTLY OCCURRING CHARGE INFORMATION AS OF SEPTEMBER 2019**

**THESE STATISTICS ARE UPDATED QUARTERLY**

**CHARGE FOR DAILY ROOM SERVICES**

MEDICAL SURGICAL	\$	1,250
PEDIATRIC	\$	2,200
MENTAL HEALTH	\$	1,925
OBSTETRICS	\$	1,155
INTENSIVE CARE	\$	3,100
NURSERY	\$	1,000

**OTHER SERVICES**

ADMISSION SERVICES	\$	242
OPERATING ROOM PER MINUTE	\$	34

**EMERGENCY DEPARTMENT**

BRIEF VISIT	\$	102
INTERMEDIATE VISIT	\$	306
EXTENDED VISIT	\$	408
INTENSIVE VISIT	\$	612
COMPREHENSIVE VISIT	\$	918

**TOP TEN PROCEDURES FOR INPATIENT MEDICAL/SURGICAL PATIENTS**

PROCEDURE	AVERAGE CHARGE	
ACUTE KIDNEY INJURY	\$	12,876
CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS	\$	10,955
CEREBRAL VASCULAR ACCIDENT & PRECEREBRAL OCCLUSION W INFARCTION	\$	12,710
HEART FAILURE	\$	9,970
HIP JOINT REPLACEMENT	\$	19,665
KNEE REPLACEMENT	\$	20,846
PERCUTANEOUS CARDIOVASCULAR PROCEDURES W ACUTE MYOCARDIAL INFARCTION	\$	14,310
PNEUMONIA	\$	11,294
PULMONARY EDEMA & RESPIRATORY FAILURE	\$	13,844
SEPTICEMIA & DISSEMINATED INFECTIONS	\$	15,693

**TOP TEN PROCEDURES FOR INPATIENT OBSTETRIC PATIENTS**

DELIVERY CESAREAN	\$	11,320
DELIVERY VAGINAL	\$	8,250
DELIVERY VAGINAL WITH COMPLICATING PROCEDURES	\$	9,669
DELIVERY VAGINAL WITH STERILIZATION	\$	10,027
ECTOPIC PREGNANCY PROCEDURE	\$	8,076
OTHER ANTEPARTUM DIAGNOSES	\$	8,548
POSTPARTUM & POST CESSATION OF PREGNANCY DIAGNOSES W/O	\$	3,960

**TOP TEN PROCEDURES FOR INPATIENT PEDIATRIC PATIENTS (AGE 0-17)**

APPENDECTOMY	\$	16,584
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	\$	36,495
BRONCHIOLITIS & RSV PNEUMONIA	\$	4,994
DELIVERY CESAREAN	\$	14,774
DELIVERY VAGINAL	\$	8,867
FEVER	\$	6,605
KIDNEY & URINARY TRACT INFECTIONS	\$	4,909
NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING	\$	4,917
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	\$	8,422
SICKLE CELL ANEMIA CRISIS	\$	6,883

**TOP TEN PROCEDURES FOR INPATIENT PSYCHIATRIC PATIENTS**

ACUTE ANXIETY & DELIRIUM STATES	\$	6,591
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	\$	6,271
BEHAVIORAL DISORDERS	\$	4,620
BIPOLAR DISORDERS	\$	10,715
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	\$	6,837
DISORDERS OF PERSONALITY & IMPULSE CONTROL	\$	8,442
EATING DISORDERS	\$	7,233
MAJOR DEPRESSIVE DISORDERS & OTHER UNSPECIFIED	\$	10,966
OTHER MENTAL HEALTH DISORDERS	\$	6,355
SCHIZOPHRENIA	\$	16,618

**TOP TEN PROCEDURES FOR RADIOLOGY SERVICES**

DUPLEX SCAN OF EXTREMITY VEINS; UNILATERAL OR LIMITED STUDY	\$	572
ECHOCARDIOGRAPHY COMBINED SPECTRAL AND COLOR FLOW DOPPLER	\$	166
RADIOLOGIC EXAM, KNEE COMPLETE, 4 OR MORE VIEWS	\$	165
RADIOLOGIC EXAM, SHOULDER COMPLETE, MINIMUM OF 2 VIEWS	\$	102
RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	\$	82
RADIOLOGIC EXAMINATION, FOOT, COMPLETE, MINIMUM OF 3 VIEWS	\$	123
ULTRASOUND ABDOMINAL	\$	473
ULTRASOUND, TRANSVAGINAL	\$	517
X-RAY CHEST 2 VIEWS	\$	103
X-RAY CHEST PORTABLE 1 VIEW	\$	82

**TOP TEN PROCEDURES FOR OUTPATIENT SURGERIES**

ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	\$	3,950
CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	\$	6,487
CALCULUS OF URETER	\$	4,512
ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	\$	2,933
ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	\$	2,371
ESOPHAGEAL OBSTRUCTION	\$	2,156
GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	\$	1,697
OTHER ASCITES	\$	2,389
PAROXYSMAL ATRIAL FIBRILLATION	\$	10,464
PERSISTENT ATRIAL FIBRILLATION	\$	1,618

## TOP TEN PROCEDURES FOR LABORATORY SERVICES

BASIC METABOLIC PANEL	\$	22
CBC	\$	16
CBC WITH DIFF	\$	20
EVALUATION OF SURGICAL SPECIMENS: GROSS AND MICROSCOPIC ANATOMY LEVEL IV	\$	120
HEPATIC FUNCTION PANEL	\$	22
LIPASE	\$	16
MAGNESIUM	\$	12
METABOLIC PANEL COMPREHENSIVE	\$	30
TROPONIN, QUANTITATIVE	\$	50
URINALYSIS, AUTOMATED, WITH MICROSCOPY	\$	18

Additional charge information is available by calling 800-235-8640

The information provided on this web site is not a quote nor is it a guarantee of the charges for a service or the amount that you will owe. If you have insurance, your insurance policy coverage (including deductibles, co-pay, co-insurance, and out-of-pocket maximums) will determine the amount you owe. The estimated charges provided above do not include any physician charges (including office visits, surgeon, anesthesiologist, emergency room physician, radiologist, pathologist, consulting physicians, etc.).

Note: The estimated cost is not a guarantee of insurance coverage. Please check with your insurance company if you need help understanding your benefits for the service chosen.

THE INFORMATION ABOVE IS AN ESTIMATE ONLY. THE ACTUAL AMOUNT THAT YOU WILL BE REQUIRED TO PAY MAY BE, AND LIKELY WILL BE, DIFFERENT.