

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

**THESE STATISTICS ARE UPDATED QUARTERLY**

**CHARGE FOR DAILY ROOM SERVICES**

MEDICAL SURGICAL	\$	1,360
PEDIATRIC	\$	2,396
MENTAL HEALTH	\$	2,096
OBSTETRICS	\$	1,257
INTENSIVE CARE	\$	3,376
NURSERY	\$	1,089

**OTHER SERVICES**

ADMISSION SERVICES	\$	264
OPERATING ROOM PER MINUTE	\$	35

**EMERGENCY DEPARTMENT**

BRIEF VISIT	\$	104
INTERMEDIATE VISIT	\$	312
EXTENDED VISIT	\$	416
INTENSIVE VISIT	\$	624
COMPREHENSIVE VISIT	\$	936

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

<b>PROCEDURE</b>	<b>AVERAGE CHARGE</b>	
ACUTE KIDNEY INJURY	\$	13,298
CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS	\$	11,415
CEREBRAL VASCULAR ACCIDENT & PRECEREBRAL OCCLUSION W INFARCTION	\$	12,268
HEART FAILURE	\$	10,921
HIP JOINT REPLACEMENT	\$	20,139
KNEE REPLACEMENT	\$	20,444
PERCUTANEOUS CARDIOVASCULAR PROCEDURES W ACUTE MYOCARDIAL INFARCTION	\$	14,697
PNEUMONIA	\$	11,591
PULMONARY EDEMA & RESPIRATORY FAILURE	\$	14,013
SEPTICEMIA & DISSEMINATED INFECTIONS	\$	16,181

**TOP TEN PROCEDURES FOR INPATIENT OBSTETRIC PATIENTS**

DELIVERY CESAREAN	\$	11,533
DELIVERY VAGINAL	\$	8,551
DELIVERY VAGINAL WITH COMPLICATING PROCEDURES	\$	10,276
DELIVERY VAGINAL WITH STERILIZATION	\$	9,914
ECTOPIC PREGNANCY PROCEDURE	\$	8,076
OTHER ANTEPARTUM DIAGNOSES	\$	9,167
POSTPARTUM & POST CESSATION OF PREGNANCY DIAGNOSES W/O	\$	4,831

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

APPENDECTOMY	\$	14,499
BPD & OTH CHRONIC RESPIRATORY DISEASES ARISING IN PERINATAL PERIOD	\$	28,400
BRONCHIOLITIS & RSV PNEUMONIA	\$	6,309
DELIVERY CESAREAN	\$	13,743
DELIVERY VAGINAL	\$	8,761
FEVER	\$	7,307
KIDNEY & URINARY TRACT INFECTIONS	\$	4,987
NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING	\$	5,666
OTHER SKIN, SUBCUTANEOUS TISSUE & RELATED PROCEDURES	\$	8,422
PNEUMONIA	\$	7,001

**TOP TEN PROCEDURES FOR INPATIENT PSYCHIATRIC PATIENTS**

ACUTE ANXIETY & DELIRIUM STATES	\$	7,027
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	\$	6,212
BEHAVIORAL DISORDERS	\$	4,620
BIPOLAR DISORDERS	\$	11,557
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	\$	6,782
DISORDERS OF PERSONALITY & IMPULSE CONTROL	\$	10,325
EATING DISORDERS	\$	10,450
MAJOR DEPRESSIVE DISORDERS & OTHER UNSPECIFIED	\$	10,670
OTHER MENTAL HEALTH DISORDERS	\$	6,595
SCHIZOPHRENIA	\$	16,437

**TOP TEN PROCEDURES FOR RADIOLOGY SERVICES**

DUPLEX SCAN OF EXTREMITY VEINS; UNILATERAL OR LIMITED STUDY	\$	586
ECHOCARDIOGRAPHY COMBINED SPECTRAL AND COLOR FLOW DOPPLER	\$	164
RADIOLOGIC EXAM, KNEE COMPLETE, 4 OR MORE VIEWS	\$	170
RADIOLOGIC EXAM, SHOULDER COMPLETE, MINIMUM OF 2 VIEWS	\$	105
RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	\$	85
RADIOLOGIC EXAMINATION, FOOT, COMPLETE, MINIMUM OF 3 VIEWS	\$	127
ULTRASOUND ABDOMINAL	\$	490
ULTRASOUND, TRANSVAGINAL	\$	533
X-RAY CHEST 2 VIEWS	\$	107
X-RAY CHEST PORTABLE 1 VIEW	\$	85

**TOP TEN PROCEDURES FOR OUTPATIENT SURGERIES**

ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	\$	4,245
CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	\$	6,563
ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	\$	2,755
ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	\$	2,352
GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	\$	1,787
OTHER ASCITES	\$	2,211
OTHER PERSISTENT ATRIAL FIBRILIATION	\$	2,903
PAROXYSMAL ATRIAL FIBRILLATION	\$	10,021
PERSISTENT ATRIAL FIBRILLATION	\$	1,618
UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	\$	16,879

**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.