

**PENINSULA REGIONAL MEDICAL CENTER
FREQUENTLY OCCURRING CHARGE INFORMATION AS OF MARCH 2020**

THESE STATISTICS ARE UPDATED QUARTERLY

CHARGE FOR DAILY ROOM SERVICES

MEDICAL SURGICAL	\$	1,322
PEDIATRIC	\$	2,330
MENTAL HEALTH	\$	2,037
OBSTETRICS	\$	1,223
INTENSIVE CARE	\$	3,283
NURSERY	\$	1,059

OTHER SERVICES

ADMISSION SERVICES	\$	257
OPERATING ROOM PER MINUTE	\$	36

EMERGENCY DEPARTMENT

BRIEF VISIT	\$	106
INTERMEDIATE VISIT	\$	318
EXTENDED VISIT	\$	424
INTENSIVE VISIT	\$	636
COMPREHENSIVE VISIT	\$	954

TOP TEN PROCEDURES FOR INPATIENT MEDICAL/SURGICAL PATIENTS

PROCEDURE	AVERAGE CHARGE	
ACUTE KIDNEY INJURY	\$	13,182
CEREBRAL VASCULAR ACCIDENT & PRECEREBRAL OCCLUSION W INFARCTION	\$	12,239
HEART FAILURE	\$	11,825
HIP JOINT REPLACEMENT	\$	21,218
KNEE REPLACEMENT	\$	20,405
PERCUTANEOUS CARDIOVASCULAR PROCEDURES W ACUTE MYOCARDIAL INFARCTION	\$	15,453
PERUTANEOUS CORONARY INTERVENTION W/O AMI	\$	53,006
PNEUMONIA	\$	11,176
PULMONARY EDEMA & RESPIRATORY FAILURE	\$	14,761
SEPTICEMIA & DISSEMINATED INFECTIONS	\$	16,234

TOP TEN PROCEDURES FOR INPATIENT OBSTETRIC PATIENTS

DELIVERY CESAREAN	\$	11,222
DELIVERY VAGINAL	\$	8,574
DELIVERY VAGINAL WITH COMPLICATING PROCEDURES	\$	10,146
DELIVERY VAGINAL WITH STERILIZATION	\$	9,123
ECTOPIC PREGNANCY PROCEDURE	\$	8,986
OTHER ANTEPARTUM DIAGNOSES	\$	9,974
POSTPARTUM & POST CESSATION OF PREGNANCY DIAGNOSES W/O	\$	5,703

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

APPENDECTOMY	\$	14,499
BRONCHIOLITIS & RSV PNEUMONIA	\$	7,026
CELLULITIS & OTHER SKIN INFECTIONS	\$	6,550
DELIVERY CESAREAN	\$	11,940
DELIVERY VAGINAL	\$	8,566
FEVER	\$	8,707
INFECTIONS OF UPPER RESPIRATORY TRACT	\$	5,917
KIDNEY & URINARY TRACT INFECTIONS	\$	6,621
NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING	\$	7,621
PNEUMONIA	\$	6,902

TOP TEN PROCEDURES FOR INPATIENT PSYCHIATRIC PATIENTS

ACUTE ANXIETY & DELIRIUM STATES	\$	7,990
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	\$	7,382
BIPOLAR DISORDERS	\$	12,660
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	\$	10,740
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	\$	7,132
EATING DISORDERS	\$	10,450
MAJOR DEPRESSIVE DISORDERS & OTHER UNSPECIFIED	\$	10,991
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	\$	10,179
OTHER MENTAL HEALTH DISORDERS	\$	9,007
SCHIZOPHRENIA	\$	16,951

TOP TEN PROCEDURES FOR RADIOLOGY SERVICES

DUPLEX SCAN OF EXTREMITY VEINS; UNILATERAL OR LIMITED STUDY	\$	590
ECHOCARDIOGRAPHY COMBINED SPECTRAL AND COLOR FLOW DOPPLER	\$	163
RADIOLOGIC EXAM, KNEE COMPLETE, 4 OR MORE VIEWS	\$	172
RADIOLOGIC EXAM, SHOULDER COMPLETE, MINIMUM OF 2 VIEWS	\$	107
RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	\$	86
RADIOLOGIC EXAMINATION, FOOT, COMPLETE, MINIMUM OF 3 VIEWS	\$	128
ULTRASOUND ABDOMINAL	\$	495
ULTRASOUND, TRANSVAGINAL	\$	537
X-RAY CHEST 2 VIEWS	\$	108
X-RAY CHEST PORTABLE 1 VIEW	\$	86

TOP TEN PROCEDURES FOR OUTPATIENT SURGERIES

ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	\$	4,304
CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	\$	6,474
ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	\$	2,776
ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	\$	2,350
GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	\$	1,826
OTHER ASCITES	\$	2,268
OTHER PERSISTENT ATRIAL FIBRILIATION	\$	5,797
PAROXYSMAL ATRIAL FIBRILLATION	\$	9,260
UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT.	\$	5,307
UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	\$	17,088

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	\$	121
HEPATIC FUNCTION PANEL	\$	22
LIPASE	\$	16
MAGNESIUM	\$	12
METABOLIC PANEL COMPREHENSIVE	\$	30
TROPONIN, QUANTITATIVE	\$	51
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.