

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

THESE STATISTICS ARE UPDATED QUARTERLY

CHARGE FOR DAILY ROOM SERVICES

MEDICAL SURGICAL	\$	1,166
PEDIATRIC	\$	1,799
MENTAL HEALTH	\$	1,940
OBSTETRICS	\$	1,021
INTENSIVE CARE	\$	2,840
NURSERY	\$	958

OTHER SERVICES

ADMISSION SERVICES	\$	225
OPERATING ROOM PER MINUTE	\$	32

EMERGENCY DEPARTMENT

BRIEF VISIT	\$	50
INTERMEDIATE VISIT	\$	169
EXTENDED VISIT	\$	310
INTENSIVE VISIT	\$	589
COMPREHENSIVE VISIT	\$	785

TOP TEN PROCEDURES FOR INPATIENT MEDICAL/SURGICAL PATIENTS

PROCEDURE	AVERAGE CHARGE
ACUTE KIDNEY INJURY	\$ 12,452
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	\$ 9,952
CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS	\$ 9,597
CEREBRAL VASCULAR ACCIDENT & PRECEREBRAL OCCLUSION W INFARCTION	\$ 11,793
HEART FAILURE	\$ 10,612
HIP JOINT REPLACEMENT	\$ 23,988
PERCUTANEOUS CARDIOVASCULAR PROCEDURES W ACUTE MYOCARDIAL INFARCTION	\$ 16,815
PNEUMONIA	\$ 10,256
PULMONARY EDEMA & RESPIRATORY FAILURE	\$ 12,424
SEPTICEMIA & DISSEMINATED INFECTIONS	\$ 15,475

TOP TEN PROCEDURES FOR INPATIENT OBSTETRIC PATIENTS

CESSATION OF PREGNANCY W/O D&C, ASPIRATION CURETTAGE OR HYSTERECTOMY	\$	5,252
D&C, ASPIRATION CURETTAGE OR HYSTEROTOMY FOR OBSTETRIC DIAGNOSES	\$	14,306
DELIVERY CESAREAN	\$	11,145
DELIVERY VAGINAL	\$	8,272
DELIVERY VAGINAL WITH COMPLICATING PROCEDURES	\$	11,229
DELIVERY VAGINAL WITH STERILIZATION	\$	10,523
ECTOPIC PREGNANCY PROCEDURE	\$	8,836
MODERATELY EXTENSIVE PROCEDURE UNRELATED	\$	7,952
OTHER ANTEPARTUM DIAGNOSES	\$	8,396
POSTPARTUM & POST CESSATION OF PREGNANCY DIAGNOSES W/O	\$	6,053

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

APPENDECTOMY	\$	21,446
ASTHMA	\$	5,714
BRONCHIOLITIS & RSV PNEUMONIA	\$	6,503
CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS	\$	6,364
DELIVERY VAGINAL	\$	7,719
INFECTIONS OF UPPER RESPIRATORY TRACT	\$	5,527
KIDNEY & URINARY TRACT INFECTIONS	\$	6,558
OTHER ANEMIA & DISORDERS OF BLOOD & BLOOD-FORMING ORGANS	\$	8,040
PNEUMONIA	\$	6,923
SICKLE CELL ANEMIA CRISIS	\$	5,051

TOP TEN PROCEDURES FOR INPATIENT PSYCHIATRIC PATIENTS

ACUTE ANXIETY & DELIRIUM STATES	\$	9,766
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	\$	6,044
BIPOLAR DISORDERS	\$	11,117
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	\$	7,510
DISORDERS OF PERSONALITY & IMPULSE CONTROL	\$	10,658
MAJOR DEPRESSIVE DISORDERS & OTHER UNSPECIFIED	\$	11,317
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	\$	5,761
ORGANIC MENTAL HEALTH DISTURBANCES	\$	9,749
OTHER MENTAL HEALTH DISORDERS	\$	7,095
SCHIZOPHRENIA	\$	17,471

TOP TEN PROCEDURES FOR RADIOLOGY SERVICES

ECHOCARDIOGRAPHY COMBINED SPECTRAL AND COLOR FLOW DOPPLER	\$	191
RADIOLOGIC EXAM, KNEE COMPLETE, 4 OR MORE VIEWS	\$	141
RADIOLOGIC EXAM, SHOULDER COMPLETE, MINIMUM OF 2 VIEWS	\$	88
RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	\$	71
RADIOLOGIC EXAMINATION, ANKLE, COMPLETE, MINIMUM OF 3 VIEWS	\$	107
RADIOLOGIC EXAMINATION, FOOT, COMPLETE, MINIMUM OF 3 VIEWS	\$	107
RADIOLOGIC EXAMINATION, HAND, MINIMUM OF 3 VIEWS	\$	107
ULTRASOUND ABDOMINAL	\$	410
X-RAY CHEST 2 VIEWS	\$	89
X-RAY CHEST PORTABLE 1 VIEW	\$	71

TOP TEN PROCEDURES FOR OUTPATIENT SURGERIES

ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	\$	5,982
ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	\$	4,883
CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	\$	5,933
CALCULUS OF URETER	\$	4,861
ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	\$	2,667
ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	\$	2,540
UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	\$	17,851
OTHER ASCITES	\$	2,580
PAROXYSMAL ATRIAL FIBRILLATION	\$	6,255
PERSISTENT ATRIAL FIBRILLATION	\$	1,561

TOP TEN PROCEDURES FOR LABORATORY SERVICES

BASIC METABOLIC PANEL	\$	21
BLOOD SMEAR, MICROSCOPIC EXAMINATION WITH MANUAL DIFFERENTIAL WBC COUNT	\$	19
CBC	\$	15
CBC WITH DIFF	\$	19
HEPATIC FUNCTION PANEL	\$	21
LIPASE	\$	15
MAGNESIUM	\$	11
METABOLIC PANEL COMPREHENSIVE	\$	28
TROPONIN, QUANTITATIVE	\$	47
URINALYSIS, AUTOMATED, WITH MICROSCOPY	\$	17

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.