

**PENINSULA REGIONAL MEDICAL CENTER
FREQUENTLY OCCURRING CHARGE INFORMATION AS OF SEPTEMBER 2018**

THESE STATISTICS ARE UPDATED QUARTERLY

CHARGE FOR DAILY ROOM SERVICES

MEDICAL SURGICAL	\$	1,099
PEDIATRIC	\$	1,950
MENTAL HEALTH	\$	1,950
OBSTETRICS	\$	1,010
INTENSIVE CARE	\$	3,450
NURSERY	\$	930

OTHER SERVICES

ADMISSION SERVICES	\$	220
OPERATING ROOM PER MINUTE	\$	31

EMERGENCY DEPARTMENT

BRIEF VISIT	\$	50
INTERMEDIATE VISIT	\$	167
EXTENDED VISIT	\$	304
INTENSIVE VISIT	\$	575
COMPREHENSIVE VISIT	\$	765

TOP TEN PROCEDURES FOR INPATIENT MEDICAL/SURGICAL PATIENTS

PROCEDURE	AVERAGE CHARGE
ACUTE KIDNEY INJURY	\$ 11,894
CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS	\$ 9,573
CEREBRAL VASCULAR ACCIDENT & PRECEREBRAL OCCLUSION W INFARCTION	\$ 12,249
DIABETES	\$ 7,519
HEART FAILURE	\$ 10,449
KIDNEY & URINARY TRACT INFECTIONS	\$ 9,083
PERCUTANEOUS CARDIOVASCULAR PROCEDURES W ACUTE MYOCARDIAL INFARCTION	\$ 15,578
PNEUMONIA	\$ 9,976
PULMONARY EDEMA & RESPIRATORY FAILURE	\$ 12,656
SEPTICEMIA & DISSEMINATED INFECTIONS	\$ 15,739

TOP TEN PROCEDURES FOR INPATIENT OBSTETRIC PATIENTS

CESSATION OF PREGNANCY W/O D&C, ASPIRATION CURETTAGE OR HYSTERECTOMY	\$	6,679
DELIVERY CESAREAN	\$	10,771
DELIVERY VAGINAL	\$	8,189
DELIVERY VAGINAL WITH COMPLICATING PROCEDURES	\$	10,877
DELIVERY VAGINAL WITH STERILIZATION	\$	10,022
MODERATELY EXTENSIVE PROCEDURE UNRELATED	\$	6,119
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	\$	16,895
OTHER ANTEPARTUM DIAGNOSES	\$	7,167
POSTPARTUM & POST CESSATION OF PREGNANCY DIAGNOSES W/O	\$	6,242

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

APPENDECTOMY	\$	21,690
ASTHMA	\$	3,715
BRONCHIOLITIS & RSV PNEUMONIA	\$	5,739
CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS	\$	5,125
DELIVERY VAGINAL	\$	7,800
INFECTIONS OF UPPER RESPIRATORY TRACT	\$	4,734
KIDNEY & URINARY TRACT INFECTIONS	\$	5,560
OTHER INFECTIOUS & PARASITIC DISEASES	\$	8,778
SEIZURE	\$	8,618
SICKLE CELL ANEMIA CRISIS	\$	5,380

TOP TEN PROCEDURES FOR INPATIENT PSYCHIATRIC PATIENTS

ACUTE ANXIETY & DELIRIUM STATES	\$	11,542
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	\$	4,876
BEHAVIORAL DISORDERS	\$	2,182
BIPOLAR DISORDERS	\$	11,243
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	\$	6,239
MAJOR DEPRESSIVE DISORDERS & OTHER UNSPECIFIED	\$	8,994
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	\$	4,494
OTHER MENTAL HEALTH DISORDERS	\$	8,281
SCHIZOPHRENIA	\$	15,222

TOP TEN PROCEDURES FOR RADIOLOGY SERVICES

ECHOCARDIOGRAPHY COMBINED SPECTRAL AND COLOR FLOW DOPPLER	\$	234
RADIOLOGIC EXAM, KNEE COMPLETE, 4 OR MORE VIEWS	\$	128
RADIOLOGIC EXAM, SHOULDER COMPLETE, MINIMUM OF 2 VIEWS	\$	80
RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	\$	64
RADIOLOGIC EXAMINATION, ANKLE, COMPLETE, MINIMUM OF 3 VIEWS	\$	98
RADIOLOGIC EXAMINATION, FOOT, COMPLETE, MINIMUM OF 3 VIEWS	\$	98
RADIOLOGIC EXAMINATION, HAND, MINIMUM OF 3 VIEWS	\$	97
ULTRASOUND ABDOMINAL	\$	374
X-RAY CHEST 2 VIEWS	\$	81
X-RAY CHEST PORTABLE 1 VIEW	\$	65

TOP TEN PROCEDURES FOR OUTPATIENT SURGERIES

ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	\$	5,082
ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	\$	5,261
CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	\$	5,967
CALCULUS OF URETER	\$	5,140
ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	\$	2,561
ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	\$	2,589
GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	\$	1,913
OTHER ASCITES	\$	2,455
PAROXYSMAL ATRIAL FIBRILLATION	\$	13,325
PERSISTENT ATRIAL FIBRILLATION	\$	2,288

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.