

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

**THESE STATISTICS ARE UPDATED QUARTERLY**

**CHARGE FOR DAILY ROOM SERVICES**

MEDICAL SURGICAL	\$	1,060
PEDIATRIC	\$	1,713
MENTAL HEALTH	\$	1,900
OBSTETRICS	\$	1,010
INTENSIVE CARE	\$	2,900
NURSERY	\$	930

**OTHER SERVICES**

ADMISSION SERVICES	\$	215
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	\$ 12,176
CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS	\$ 9,389
CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS	\$ 9,309
CEREBRAL VASCULAR ACCIDENT & PRECEREBRAL OCCLUSION W INFARCTION	\$ 12,275
DIABETES	\$ 7,689
HEART FAILURE	\$ 10,574
PERCUTANEOUS CARDIOVASCULAR PROCEDURES W ACUTE MYOCARDIAL INFARCTION	\$ 16,597
PNEUMONIA	\$ 10,171
PULMONARY EDEMA & RESPIRATORY FAILURE	\$ 12,560
SEPTICEMIA & DISSEMINATED INFECTIONS	\$ 15,411

**TOP TEN PROCEDURES FOR INPATIENT OBSTETRIC PATIENTS**

CESSATION OF PREGNANCY W/O D&C, ASPIRATION CURETTAGE OR HYSTERECTOMY	\$	5,252
DELIVERY CESAREAN	\$	11,245
DELIVERY VAGINAL	\$	8,260
DELIVERY VAGINAL WITH COMPLICATING PROCEDURES	\$	11,432
DELIVERY VAGINAL WITH STERILIZATION	\$	9,351
ECTOPIC PREGNANCY PROCEDURE	\$	7,584
MODERATELY EXTENSIVE PROCEDURE UNRELATED	\$	7,952
NONEXTENSIVE PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS	\$	10,961
OTHER ANTEPARTUM DIAGNOSES	\$	7,997
POSTPARTUM & POST CESSATION OF PREGNANCY DIAGNOSES W/O	\$	6,368

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

APPENDECTOMY	\$	21,446
ASTHMA	\$	6,115
BRONCHIOLITIS & RSV PNEUMONIA	\$	6,243
CELLULITIS & OTHER BACTERIAL SKIN INFECTIONS	\$	6,213
DELIVERY VAGINAL	\$	7,508
INFECTIONS OF UPPER RESPIRATORY TRACT	\$	5,994
KIDNEY & URINARY TRACT INFECTIONS	\$	6,751
PNEUMONIA	\$	6,122
SEPTICEMIA & DISSEMINATED INFECTIONS	\$	8,907
VIRAL MENINGITIS	\$	7,848

**TOP TEN PROCEDURES FOR INPATIENT PSYCHIATRIC PATIENTS**

ACUTE ANXIETY & DELIRIUM STATES	\$	9,475
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	\$	4,724
BEHAVIORAL DISORDERS	\$	2,182
BIPOLAR DISORDERS	\$	11,100
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	\$	7,558
MAJOR DEPRESSIVE DISORDERS & OTHER UNSPECIFIED	\$	10,627
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	\$	4,494
ORGANIC MENTAL HEALTH DISTURBANCES	\$	9,749
OTHER MENTAL HEALTH DISORDERS	\$	8,281
SCHIZOPHRENIA	\$	16,950

**TOP TEN PROCEDURES FOR RADIOLOGY SERVICES**

ECHOCARDIOGRAPHY COMBINED SPECTRAL AND COLOR FLOW DOPPLER	\$	203
RADIOLOGIC EXAM, KNEE COMPLETE, 4 OR MORE VIEWS	\$	138
RADIOLOGIC EXAM, SHOULDER COMPLETE, MINIMUM OF 2 VIEWS	\$	86
RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	\$	69
RADIOLOGIC EXAMINATION, ANKLE, COMPLETE, MINIMUM OF 3 VIEWS	\$	105
RADIOLOGIC EXAMINATION, FOOT, COMPLETE, MINIMUM OF 3 VIEWS	\$	105
RADIOLOGIC EXAMINATION, HAND, MINIMUM OF 3 VIEWS	\$	104
ULTRASOUND ABDOMINAL	\$	400
X-RAY CHEST 2 VIEWS	\$	87
X-RAY CHEST PORTABLE 1 VIEW	\$	69

**TOP TEN PROCEDURES FOR OUTPATIENT SURGERIES**

ATHSCL HEART DISEASE OF NATIVE COR ART W OTH ANG PCTRS	\$	5,467
ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	\$	4,932
CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	\$	6,000
CALCULUS OF URETER	\$	4,932
ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	\$	2,516
ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	\$	2,556
GASTRO-ESOPHAGEAL REFLUX DISEASE WITHOUT ESOPHAGITIS	\$	1,673
OTHER ASCITES	\$	2,532
PAROXYSMAL ATRIAL FIBRILLATION	\$	9,511
PERSISTENT ATRIAL FIBRILLATION	\$	1,573

**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.