

2022 Patient Price Information List



In compliance with state law, Genesis Healthcare System is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospital's charges are the same for all patients, but a patient's responsibility may vary, depending on payment plans negotiated with individual health insurers. Uninsured or underinsured patients should consult with our admitting and billing staff to determine whether they qualify for discounts. These prices are correct as of 1/1/2022

Room and Board -- Per Day Charges

Charges

Coronary care		
	Level 1	\$5,323.28
	Level 2	\$7,482.50
Intensive care		
	Level 1	\$5,323.28
	Level 2	\$5,323.28
Nursery		
	Level 1	\$1,870.01
	Level 2	\$3,008.32
	Level 3	\$3,999.57
	Level 4	\$5,178.67
Oncology		\$1,897.20
Psychiatric care		\$1,815.62
Routine care		\$1,897.20

Labor and Delivery Charges

The following list does not include charges for anesthesia, drugs, or supplies required for a particular delivery room procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.

Charges

Normal Delivery	\$5,829.34
Cesarean Section Delivery	\$10,813.37
Amniocentesis	\$751.70

Emergency Department Charges

Emergency Department charges are based on the level of emergency care provided to our patients. The levels, with level 1 representing basic emergency care, reflect the type of accommodations needed, the personnel resources, the intensity of care and the amount of time needed to provide treatment. The following charges do not include fees for drugs, supplies or additional ancillary procedures that may be required for a particular emergency treatment. They also do not include fees for Emergency Department physicians, who will bill separately for their services.

Charges

Level 1	\$248.02
Level 2	\$455.86
Level 3	\$795.59
Level 4	\$1,078.92
Level 5	\$1,797.30

Operating Room Charges

Operating Room charges are based on the complexity level, with level 1 being the most basic, for a particular operation. There is an initial, set-up charge as well as an additional charge for each 15 minutes while the operation is being performed.

	1st Half hr	Additional 15-Minute Charge
Level 1	\$ 4,421.22	\$ 864.98
Level 2	\$ 5,747.29	\$ 1,270.60

Physical Therapy Charges

The following charges reflect the most common services offered by our Physical Therapy department. Patients may have additional charges, depending on the services performed.

Outpatient	<u>Charge</u>
Physical Therapy High Complexity	\$ 301.95
Physical Therapy Moderate Complexity	\$ 268.40
Physical Therapy Low Evaluation	\$ 234.85
Therapeutic Exercise Per 15 Min	\$ 223.64
Manual Therapy Per 15 Min	\$ 175.44
PT Gait Training	\$ 199.07
Ultrasound	\$ 174.20
Neuromuscular Re-education	\$ 162.65

Occupational Therapy Charges

The following charges reflect the most common services offered by our Occupational Therapy department. Patients may have additional charges, depending on the services performed.

Outpatient	<u>Charge</u>
Occupational Therapy High Complexity	\$295.24
Occupational Therapy Moderate Complexity	\$261.69
Occupational Therapy Low Complexity	\$228.13
Therapeutic Exercise Per 15 Min	\$223.64
OT Additional Self Care 15 Min	\$129.42
Manual therapy	\$175.44
Sensory Integration	\$170.07

Pulmonary Therapy Charges

The following charges reflect the most common services offered by our Pulmonary Therapy department. Patients may have additional charges, depending on the services performed.

	<u>Charge</u>
Breathing Treatment Initial	\$ 163.81
BIPAP/CPAP Daily Management	\$ 662.81
EKG	\$ 191.56

X-Ray and Radiological Charges

Description	Charge
Lumbar Spine - Min 4 Views	\$320.00
Knee 3 View	\$255.00
Foot - Min 3 Views	\$250.00
Shoulder Min 2 Views	\$240.00
Ankle - 3 Views	\$250.00
Hand Min 3 Views	\$250.00
Hip unilateral with Pelvis 2-3 Views	\$250.00
Wrist-3 views	\$250.00
CT head w/o Contrast	\$1,000.00
CT ABD-Pelvis w/Contrast	\$3,000.00
CT Abdomen - Pelvis w/o Contrast	\$3,000.00
CT Chest W/O Contrast	\$1,000.00
CT Chest W/Contrast	\$2,000.00
CT 3D Interpret No Postprocess	\$500.00
CT Thorac Spine W/O Contrast	\$2,000.00
CT Maxillofacial W/O Contrast	\$666.67
CT ADB - Pelvis W & or W/O Contrast	\$6,000.00
CT Lumbar Spine W/O Contrast	\$2,000.00
MRI Cervical Spine w/o contrast	\$4,000.00
MRI Lumbar Spine w/o contrast	\$4,000.00
MRI Brain w/o contrast	\$3,000.00
MRI Brain w/ w/o contrast	\$4,000.00
MRI Lower Ext Joint w/o contrast	\$2,000.00
US Retroperitonium - Limited	\$500.00

Laboratory Charges