

2025 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 1/1/2025

Room and Board -- Per Day Charges

	<u>Charges</u>	
Coronary care		
	Level 1	\$6,340.14
	Level 2	\$8,911.78
Intensive care		
	Level 1	\$6,340.14
	Level 2	\$6,340.14
Nursery		
	Level 1	\$2,311.27
	Level 2	\$3,718.17
	Level 3	\$4,943.31
	Level 4	\$6,400.64
Oncology		\$2,259.60
Psychiatric care		\$2,162.44
Routine care		\$2,259.60

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.

	<u>Charges</u>
Normal Delivery	\$6,942.84
Cesarean Section Delivery	\$12,878.90
Amniocentesis	\$929.07

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.

	<u>Charges</u>
Level 1	\$295.40

Level 2	\$542.94
Level 3	\$947.57
Level 4	\$1,285.02
Level 5	\$2,140.62

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	\$ 5,155.01	\$ 1,008.47
Level 2	\$ 5,821.02	\$ 1,139.13
Level 3	\$ 6,701.46	\$ 1,481.58
Level 4	\$ 7,898.48	\$ 1,548.75
Level 5	\$ 9,095.50	\$ 1,653.69
Level 6	\$ 10,681.14	\$ 1,736.76
Level 7	\$ 11,489.18	\$ 2,409.95
Level 8	\$ 13,508.57	\$ 2,409.95

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	Charge
Physical Therapy High Complexity	\$ 359.64
Physical Therapy Moderate Complexity	\$ 319.66
Physical Therapy Low Evaluation	\$ 279.71
Therapeutic Exercise Per 15 Min	\$ 266.36
Manual Therapy Per 15 Min	\$ 208.96
PT Gait Training	\$ 237.09
Ultrasound	\$ 207.47
Neuromuscular Re-education	\$ 193.72

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	Charge
Occupational Therapy High Complexity	\$ 351.63
Occupational Therapy Moderate Complexity	\$ 311.68
Occupational Therapy Low Complexity	\$ 256.33
Therapeutic Exercise Per 15 Min	\$ 266.36
OT Additional Self Care 15 Min	\$ 208.96
Manual therapy	\$ 208.96
Sensory Integration	\$ 202.55

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	\$ 211.67
BIPAP/CPAP Daily Management	\$ 789.42
EKG	\$ 236.76

X-Ray and Radiological Charges

<u>Description</u>	<u>Charge</u>
Lumbar Spine - Min 4 Views	\$ 381.13
Knee 3 View	\$ 297.75
Foot - Min 3 Views	\$ 297.75
Shoulder Min 2 Views	\$ 285.84
Ankle - 3 Views	\$ 297.75
Hand Min 3 Views	\$ 297.75
Hip unilateral with Pelvis 2-3 Views	\$ 297.75
Wrist-3 views	\$ 297.75
CT head w/o Contrast	\$ 1,030.00
CT ABD-Pelvis w/Contrast	\$ 3,090.00
CT Abdomen - Pelvis w/o Contrast	\$ 3,090.00
CT Chest W/O Contrast	\$ 1,030.00
CT Chest W/Contrast	\$ 2,060.00
CT 3D Interpret No Postprocess	\$ 561.80
CT Thorac Spine W/O Contrast	\$ 2,060.00
CT Maxillofacial W/O Contrast	\$ 749.07
CT ADB - Pelvis W & or W/O Contrast	\$ 6,000.00
CT Lumbar Spine W/O Contrast	\$ 2,060.00
MRI Cervical Spine w/o contrast	\$ 4,120.00
MRI Lumbar Spine w/o contrast	\$ 4,120.00
MRI Brain w/o contrast	\$ 3,090.00
MRI Brain w/ w/o contrast	\$ 4,120.00
MRI Lower Ext Joint w/o contrast	\$ 2,060.00
US Retroperitonium - Limited	\$ 595.51

Laboratory Charges

The following charges reflect the hospital's most common laboratory procedures. This is for Outpatient pricing.

<u>Description</u>	<u>Charge</u>
Lab Draw/Venipuncture	\$ 9.35
Cholesterol Profile	\$ 34.61
Metaboloc Panel	\$ 27.30
CBC With Auto Diff	\$ 20.08
TSH	\$ 43.42
Chem 8	\$ 21.87
Hemogram & Platelet Count	\$ 16.72

Glycohemoglobin	\$	25.10
Protine	\$	11.09
Routine Culture Urine	\$	20.86
Renal Panel	\$	22.43
ALT	\$	13.70
Thin Prep Pap Test, Screen	\$	68.77
AST	\$	13.38
T4 Free	\$	23.32
Liver Panel - Hepatic	\$	21.12
SED Rate	\$	6.98
Creatinne	\$	13.24
Urinalysis	\$	8.20
Vitamin B12	\$	38.97
C-Reactive Protein	\$	13.38
Creatinne, Random Urine	\$	13.38
Strep A Amplified Probe	\$	90.69
Chlamydia - Amplified Probe	\$	90.69
Microalbumin	\$	14.94
GC - Amplified Probe	\$	90.69
Sensitivity/MIC	\$	22.36
Urinalysis Reflux Culture	\$	8.20
Hepatitis C	\$	36.88
HPV Amplified Probe	\$	90.69

** -If positive, additional charges will be added for ID & sensitivity.

Hospital Billing Policies

Genesis HealthCare submits bills on behalf of the patient to the insurance based on information provided by the patient. Co-payments and deductibles, if applicable, are billed to the patient based on the explanation of benefits received from the insurance company or government payer. Genesis does not charge interest on balances remaining after the insurance payment. Charges for anesthesiologists, radiologists, pathologists, and emergency room physicians are not included in the hospital charges submitted to the insurance. Any questions regarding these charges should be directed to the specific office or company.

The following charges reflect the hospital's most common laboratory procedures. This is for Outpatient pricing.

Description	Charge
Lab Draw/Venipuncture	\$ 47.83
Cholesterol Profile	\$ 48.91
Metaboloc Panel	\$ 49.99
CBC With Auto Diff	\$ 51.07
TSH	\$ 52.15
Chem 9	\$ 53.23
Hemogram & Platelet Count	\$ 54.31
Glycohemoglobin	\$ 55.39
Protine	\$ 56.47
Routine Culture Urine	\$ 57.55
Renal Panel	\$ 58.63

ALT	\$	59.71
Thin Prep Pap Test, Screen	\$	60.79
AST	\$	61.87
T4 Free	\$	62.95
Liver Panel - Hepatic	\$	64.03
SED Rate	\$	65.11
Creatinine	\$	66.19
Urinalysis	\$	67.27
Vitamin B13	\$	68.35
C-Reactive Protein	\$	69.43
Creatinine, Random Urine	\$	70.51
Strep A Amplified Probe	\$	71.59
Chlamydia - Amplified Probe	\$	72.67
Microalbumin	\$	73.75
GC - Amplified Probe	\$	74.84
Sensitivity/MIC	\$	75.92
Urinalysis Reflux Culture	\$	77.00
Hepatitis C	\$	78.08
HPV Amplified Probe	\$	79.16

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