



A partnership with Vibra Healthcare

## Summa Rehab Hospital Usual and Customary Charges for Selected Procedures Patient Price List

In compliance with state law, Summa Rehab Hospital publishes charges for room and board, lab, radiology and other procedures. This publication is available upon request when visiting the hospital and may be found at <http://www.summahealth.org/patientpricereports>. The hospital charges are consistent for all patients. The patient's responsibility may vary, however, depending on insurance contracts with individual health insurers. Summa Rehab Hospital offers financial assistance through the Ohio Hospital Care Assurance Program, Summa's Charity and Uninsured Patient Charity Programs. For information contact the Admissions Department at (330) 572-7255.

These prices are correct as of January 1, 2016.

### Room and Board per Day Charges

R&B	\$2,066.40
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### X-Ray and Radiological Charges

The following charges reflect the hospital's 30 most common x-ray and radiological procedures.

XR CHEST 2 VWS	\$100.80	XR FOOT 2 VWS RT	\$97.65
ABD AP OLB CONE VIEW	\$135.45	XR HUMERUS BL	\$187.95
XR BARIUM SWLW - MOD	\$270.90	XR KNEE 1-2 VW BL	\$93.45
XR CHEST 1 VW	\$75.60	XR KNEE 1-2 VW RT	\$93.45
XR ABD SGL AP VW KUB	\$81.90	XR ANKLE 2 VWS LEF	\$88.20
XR HIP 2 VW RT	\$117.60	XR ANKLE 3 VWS RT	\$88.20
XR HIP 2 VW LT	\$126.00	XR WRIST 2 VW LT	\$94.50
XR FOOT 2 VWS LT	\$97.65	XR HUMERUS 2 VW LT	\$93.45
XR SHOULDER 2+ VW RT	\$95.55	XR SHLDR 2 VW BL	\$192.15
XR FEMUR LT	\$91.35	XR ABD SER W/CHST 1V	\$171.15
XR ABD SINGLE POSTER	\$81.90	XR ANKLE 2 VWS RT	\$88.20
XR KNEE 1-2 VW LT	\$93.45	XR ELBOW 3 VWS LT	\$110.25
XR FEMUR RT	\$91.35	XR TIB/FIB LT	\$88.20
XR PELVIS 1-2 VW	\$86.10	XR SPINE LUM SAC 2/3	\$143.85
XR FOOT 2 VW BL	\$170.10	XR ELBOW 3 VWS RT	\$110.25



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### Laboratory

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The following charges reflect the hospital's 30 most common laboratory procedures.

BSC METABOLIC PANEL	\$49.35	VANCOMYCIN LEVEL	\$67.20
PROTHROMBIN TM (PT)	\$27.30	TROPONIN I	\$68.25
HEMOGRAM	\$45.15	CULTURE BLOOD	\$71.40
MAGNESIUM	\$40.95	VITAMN B12	\$102.90
HEMAGLOBIN	\$16.80	FERRITIN	\$93.45
HEMATOCRIT	\$16.80	AMMONIA	\$99.75
RENAL FUNCTION PANEL	\$59.85	HEMOGLOBIN A1C	\$89.25
URNLYSIS,MACRO (DIP)	\$23.10	PHOSPHORUS	\$33.56
COMPLETE MET PANEL	\$72.45	IRON AND TIBC	\$59.85
POTASSIUM	\$31.50	FECL OCCLT,STOOL SNG	\$23.10
MANUAL DIFFERENTIAL	\$24.15	LIPASE	\$48.30
HEPATIC FUNCTION	\$44.10	SODIUM,URINE RANDOM	\$33.60
CULTURE URINE	\$56.20	BLOOD TYPING:ABO	\$24.15
URINAYLSIS MICROSCOP	\$21.00	ANTIBODY SCREEN RBC	\$24.15
VANCOMYCIN LEVEL	\$67.20	CREATININE,UR RANDOM	\$35.20

### Physical Therapy

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PT GT TRN INC S 15MN	\$182.70
PT FUNC 15 MIN	\$182.70
PT THEREX 15MN	\$182.70
PT NUROMSC REED 15MN	\$182.70
PT THERPEXER GROUP	\$185.85
PT EVALUATION	\$394.80
PT WC MGMT/TRAI 15MN	\$182.70
PT MN THPY TECH 15MN	\$182.70
PT AQ THPY W/TH 15MN	\$182.70
PT ELE STIM MN 15MN	\$182.70



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### Occupational Therapy

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OT EA 15MN	\$182.70
OT THER ACT 15MN	\$182.70
OT THERPY EXE 15MN	\$182.70
OT EVALUATION	\$394.80
OT NEURO REEDUC 15MN	\$182.70
OT OCCUP THER GROUP	\$185.85
OT COG SKL DEV 15MN	\$182.70
OT FAB ORTHO	\$331.80
OT COMM/WK REIN 15MN	\$277.20
OT ELE STIM MAN 15MN	\$182.70

### Speech Therapy

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ST COG SKL N/T 15MN	\$182.70
ST SWALLOW DYSFUN	\$394.80
ST THERAPY	\$586.95
ST COGNITIVE EVAL	\$699.30
ST EVAL ORAL/PHAR SW	\$699.30
ST SPEECH EVALUATION	\$699.30
ST GROUP	\$313.95
ST ELE STIM-NOT WNDC	\$119.70
ST COG TRN GRP 15MN	\$185.85

### Respiratory Therapy

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RT INHALER CHARGE X1	\$53.55
RT NEB INI CHARGE	\$56.70
RT O2 USAGE 12 HRS	\$155.40
RT RE-ASSESSMENT	\$383.25
EKG ORDER	\$67.20
RT STOMA CARE X1	\$68.25
RT SUCTIONING X1	\$70.35
RT O2 USAGE - 1HR	\$15.75
RT BIPAP OSA SUB DAY	\$45.15
RT CPT SUBS - 20 MN	\$63.00



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### Hospital Billing Charges

Your insurance providers, including Medicare, Medicaid, other primary insurance providers and secondary insurance providers are billed by Summa Rehab Hospital before a bill is sent to you. Interest will not be charged on any balance due after insurance payments are received. If you are not able to pay the amount you owe in full, please contact the Vibra Business Office at the phone number noted on your bill to apply for financial assistance or arrange for a payment plan.

Emergency services are neither delayed nor withheld on the basis of a patient's ability to pay. You may also find helpful consumer information at <http://www.ohiohealthcareguide.org/>.