

**PAULDING COUNTY HOSPITAL  
USUAL AND CUSTOMARY CHARGES**

**ROOM AND BOARD CHARGES**

SEMI PRIVATE ROOM	\$ 454
SWING BED/ROOM	\$ 143
PEDIATRIC CRIB	\$ 454
OBSERVATION (PER HOUR)	\$ 18.91

**X-RAY PROCEDURES (30 Most Common)**

CHEST X-RAY	\$ 134
COMPUTER AID MAMMOGRAPHY DETECTION	\$ 29
DIGITAL SCREENING MAMMOGRAPHY	\$ 129
CT SCAN OF HEAD WITHOUT CONTRAST	\$ 739
XRAY OF LUMBAR SPINE WITH OBLIQUES	\$ 258
SINGLE VIEW CHEST X-RAY	\$ 65
ACUTE ABDOMEN SERIES X-RAY	\$ 310
CT SCAN OF ABDOMEN WITH CONTRAST	\$ 1,150
CT SCAN OF PELVIS WITH CONTRAST	\$ 1,275
FOOT X-RAY (RIGHT)	\$ 148
FOOT X-RAY (LEFT)	\$ 148
NUCLEAR TESTING	\$ 189
KNEE X-RAY (RIGHT)	\$ 201
CERVICAL SPINE WITH OBLIQUES	\$ 329
DEXA SCAN	\$ 330
ABDOMINAL ULTRASOUND - LIMITED	\$ 504
KNEE X-RAY (LEFT)	\$ 201
CAROTID ULTRASOUND	\$ 588
ABDOMINAL CT SCAN	\$ 1,122
ANKLE X-RAY- 3 VIEWS (LEFT)	\$ 195
KIDNEY-URETER-BLADDER X-RAY	\$ 175
PELVIC ULTRASOUND - NON-OB	\$ 606
HAND X-RAY - 3 VIEWS (RIGHT)	\$ 195
DORSAL SPINE X-RAY	\$ 250
HIP X-RAY - 2 VIEWS (RIGHT)	\$ 181
ANKLE X-RAY - 3 VIEWS (RIGHT)	\$ 195
SHOULDER X-RAY - 2 VIEWS (LEFT)	\$ 191
HIP X-RAY - 2 VIEWS (LEFT)	\$ 181
SHOULDER X-RAY - 2 VIEWS (RIGHT)	\$ 191
HEAD CT WITH CONTRAST	\$ 739

**SURGICAL PROCEDURES**

*Surgical Procedures vary by time and type service provided. For a comprehensive listing of the procedure of interest to you along with free financial assistance, please call our Business Office at (419) 399-1114.*

**URGENT CARE & EMERGENCY SERVICES**

URGENT CARE BRIEF VISIT - NEW PT	\$ 90
URGENT CARE LIMITED VISIT - NEW PT	\$ 111
URGENT CARE INTERMEDIATE - NEW PT	\$ 133
URGENT CARE EXTENDED VISIT - NEW PT	\$ 270
URGENT CARE COMPREHENSIVE - NEW PT	\$ 297
URGENT CARE BRIEF VISIT - EST. PT	\$ 55
URGENT CARE LIMITED VISIT - EST. PT	\$ 67
URGENT CARE INTERMEDIATE - EST. PT	\$ 78
URGENT CARE EXTENDED VISIT - EST. PT	\$ 121
URGENT CARE COMPREHENSIVE - EST. PT	\$ 164

BRIEF ER VISIT	\$ 94
LIMITED ER VISIT	\$ 142
INTERMEDIATE ER VISIT	\$ 290
EXTENDED ER VISIT	\$ 410
COMPREHENSIVE ER VISIT	\$ 548

**LABORATORY PROCEDURES (30 Most Common)**

ROUTINE VENIPUNCTURE	\$ 18
COMPLETE BLOOD COUNT WITH DIFFERENTIAL	\$ 58
COMPLETE METABOLIC PANEL	\$ 121
PROTIME	\$ 29
LIPID PANEL	\$ 106
URINALYSIS WITH MICROSCOPIC	\$ 36
BASIC METABOLIC PROFILE	\$ 95
THYROID STIMULATING HORMONE	\$ 100
CPK	\$ 80
GLYCOSYLATED HGB	\$ 73
CULTURE (URINE)	\$ 35
TROPONIN I	\$ 73
THYROXINE, FREE BY RI	\$ 67
SGPT	\$ 54
CREATININE	\$ 24
WESTERGEN SEDRATE	\$ 41
SGOT	\$ 25
UREA NITROGEN (BUN)	\$ 24
GLUCOSE	\$ 15
AMYLASE	\$ 63
ELECTROLYTES	\$ 42
LIPASE (SERUM)	\$ 50
IRON, TOTAL	\$ 39
MICRO ALB/CREAT(RAND)	\$ 46
PRO BNP	\$ 319
URINE ID	\$ 19
URINE SENSITIVITY	\$ 53
FERRITIN	\$ 63
VITAMIN B12	\$ 80
PSA	\$ 41

\*\*Does not Include Reference Labs\*\*

**PHYSICAL, OCCUPATIONAL AND PULMONARY THERAPY**

THERAPEUTIC EXERCISE	\$ 75
MANUAL THERAPY	\$ 88
AMBULATION	\$ 62
PHYSICAL THERAPY EVALUATION	\$ 179
ACTIVITIES OF DAILY LIVING - 15/MIN (OT)	\$ 57
NEUROMUSCULAR RE-EDUCATION	\$ 73
ULTRASOUND - 15/MIN	\$ 99
SPEECH THERAPY	\$ 94
THERAPUTIC ACTIVITY - 15/MIN (OT)	\$ 66
THERAPUTIC ACTIVITY - 15/MIN (ST)	\$ 66
IONTOPHORESIS - 15/MIN	\$ 76
OCCUPATIONAL THERAPY EVALUATION	\$ 174
FUNCTIONAL CAPACITY EVALUATION - 15/MIN (OT)	\$ 71
ELECTRICAL STIMULATION - 15/MIN	\$ 87
LIGHT THERAPY	\$ 34
TRACTION	\$ 64
SPEECH COGNITIVE SKILL	\$ 83
THERAPEUTIC PROCEDURE - GROUP	\$ 39
TENS UNIT EVALUATION AND INSTRUCTION	\$ 80
ORTHOTIC FITTING (OT)	\$ 74
BARIUM SWALLOW EVALUATION	\$ 279
COGNITIVE TREATMENT - 15/MIN (OT)	\$ 83
SENSORY INTEGRATION 15/MIN (OT)	\$ 83
PARAFFIN BATH	\$ 53
SPEECH EVALUATION	\$ 279
ORTHOTIC FIT/TRAIN - 15/MIN	\$ 63
ACTIVITIES OF DAILY LIVING - 15/MIN (PT)	\$ 57
ORTHOTIC CHECK (OT)	\$ 78
MASSAGE	\$ 71
PHYSICAL THERAPY RE-EVALUATION	\$ 63

This list does not include fees for the services of hospital-based anesthesiologists, radiologists, pathologists, emergency room physicians, medications or supplies. For information about anesthesiology charges, contact the Paulding County Hospital at (419) 399-1106. For information about radiologist charges, contact Fort Wayne Radiology at (260) 484-0850 or (800) 758-0292. For information about pathologists charges, contact Fort Wayne Medical Laboratory at (800) 899-5757. For information about emergency room physicians charges, contact Northwest Ohio Emergency Services at (419) 824-5063.