

PAULDING COUNTY HOSPITAL
USUAL AND CUSTOMARY CHARGES

ROOM AND BOARD CHARGES

SEMI PRIVATE ROOM	\$ 479
SWING BED/ROOM	\$ 151
PEDIATRIC CRIB	\$ 479
OBSERVATION (PER HOUR)	\$ 19.95

X-RAY PROCEDURES (30 Most Common)

CHEST X-RAY	\$ 140
COMPUTER AID MAMMOGRAPHY DETECTION	\$ 33
DIGITAL SCREENING MAMMOGRAPHY	\$ 129
CT SCAN OF HEAD WITHOUT CONTRAST	\$ 841
XRAY OF LUMBAR SPINE WITH OBLIQUES	\$ 260
SINGLE VIEW CHEST X-RAY	\$ 74
ACUTE ABDOMEN SERIES X-RAY	\$ 315
CT SCAN OF ABDOMEN WITH CONTRAST	\$ 1,185
CT SCAN OF PELVIS WITH CONTRAST	\$ 1,375
FOOT X-RAY (RIGHT)	\$ 168
FOOT X-RAY (LEFT)	\$ 168
PELVIS X-RAY	\$ 193
KNEE X-RAY (RIGHT)	\$ 200
CERVICAL SPINE WITH OBLIQUES	\$ 374
DEXA SCAN	\$ 335
ABDOMINAL ULTRASOUND - LIMITED	\$ 573
KNEE X-RAY (LEFT)	\$ 200
CAROTID ULTRASOUND	\$ 669
DORSAL SPINE XRAY	\$ 284
ANKLE X-RAY - 3 VIEWS (LEFT)	\$ 222
KIDNEY-URETER-BLADDER X-RAY	\$ 199
PELVIC ULTRASOUND - NON-OB	\$ 689
HAND X-RAY - 3 VIEWS (RIGHT)	\$ 222
DIGITAL BILATERAL MAMMOGRAM	\$ 202
HIP X-RAY - 2 VIEWS (RIGHT)	\$ 175
ANKLE X-RAY - 3 VIEWS (RIGHT)	\$ 222
SHOULDER X-RAY - 2 VIEWS (LEFT)	\$ 190
HIP X-RAY - 2 VIEWS (LEFT)	\$ 175
SHOULDER X-RAY - 2 VIEWS (RIGHT)	\$ 190
HIP X-RAY - 2 VIEWS (LEFT)	\$ 175

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	\$ 102
URGENT CARE LIMITED VISIT - NEW PT	\$ 126
URGENT CARE INTERMEDIATE - NEW PT	\$ 151
URGENT CARE EXTENDED VISIT - NEW PT	\$ 307
URGENT CARE COMPREHENSIVE - NEW PT	\$ 338
URGENT CARE BRIEF VISIT - EST. PT	\$ 63
URGENT CARE LIMITED VISIT - EST. PT	\$ 76
URGENT CARE INTERMEDIATE - EST. PT	\$ 89
URGENT CARE EXTENDED VISIT - EST. PT	\$ 138
URGENT CARE COMPREHENSIVE - EST. PT	\$ 187
BRIEF ER VISIT	\$ 107
LIMITED ER VISIT	\$ 162
INTERMEDIATE ER VISIT	\$ 290
EXTENDED ER VISIT	\$ 415
COMPREHENSIVE ER VISIT	\$ 623

LABORATORY PROCEDURES (30 Most Common)

ROUTINE VENIPUNCTURE	\$ 19
COMPLETE BLOOD COUNT WITH DIFFERENTIAL	\$ 60
COMPLETE METABOLIC PANEL	\$ 125
PROTIME	\$ 30
LIPID PANEL	\$ 109
URINALYSIS WITH MICROSCOPIC	\$ 37
BASIC METABOLIC PROFILE	\$ 98
THYROID STIMULATING HORMONE	\$ 103
CPK	\$ 83
GLYCOSYLATED HGB	\$ 75
CULTURE (URINE)	\$ 36
TROPONIN I	\$ 75
THYROXINE, FREE BY RI	\$ 69
SGPT	\$ 56
CREATININE	\$ 25
WESTERGEN SEDRATE	\$ 42
SGOT	\$ 26
UREA NITROGEN (BUN)	\$ 25
GLUCOSE	\$ 15
AMYLASE	\$ 65
ELECTROLYTES	\$ 43
LIPASE (SERUM)	\$ 52
IRON, TOTAL	\$ 40
MICRO ALB/CREAT(RAND)	\$ 48
PRO BNP	\$ 329
URINE ID	\$ 20
HEMOGRAM	\$ 38
PROTIME	\$ 30
FERRITIN	\$ 65
VITAMIN B12	\$ 83

Does not Include Reference Labs

PHYSICAL, OCCUPATIONAL AND PULMONARY THERAPY

THERAPEUTIC EXERCISE	\$ 77
MANUAL THERAPY	\$ 91
AMBULATION	\$ 64
PHYSICAL THERAPY EVALUATION	\$ 185
ACTIVITIES OF DAILY LIVING - 15/MIN (OT)	\$ 59
NEUROMUSCULAR RE-EDUCATION	\$ 75
ULTRASOUND - 15/MIN	\$ 102
SPEECH THERAPY	\$ 97
THERAPUTIC ACTIVITY - 15/MIN (OT)	\$ 68
THERAPUTIC ACTIVITY - 15/MIN (ST)	\$ 68
IONTOPHORESIS - 15/MIN	\$ 88
OCCUPATIONAL THERAPY EVALUATION	\$ 180
FUNCTIONAL CAPACITY EVALUATION - 15/MIN (OT)	\$ 73
ELECTRICAL STIMULATION - 15/MIN	\$ 90
LIGHT THERAPY	\$ 35
TRACTION	\$ 66
SPEECH COGNITVE SKILL	\$ 86
THERAPEUTIC PROCEDURE - GROUP	\$ 40
TENS UNIT EVALUATION AND INSTRUCTION	\$ 83
ORTHOTIC FITTING (OT)	\$ 76
BARIUM SWALLOW EVALUATION	\$ 288
COGNITIVE TREATMENT - 15/MIN (OT)	\$ 86
SENSORY INTEGRATION 15/MIN (OT)	\$ 86
PARAFFIN BATH	\$ 59
SPEECH EVALUATION	\$ 288
ORTHOTIC FIT/TRAIN - 15/MIN	\$ 60
ACTIVITIES OF DAILY LIVING - 15/MIN (PT)	\$ 59
ORTHOTIC CHECK (OT)	\$ 81
MASSAGE	\$ 73
PHYSICAL THERAPY RE-EVALUATION	\$ 65

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.



OUR MISSION STATEMENT:

Paulding County Hospital exists to continually improve the health status of the residents in our service area.

OUR VISION STATEMENT:

To achieve its mission, Paulding County Hospital will provide local access to high quality, affordable services through the cooperative efforts of a network of physicians and other health care providers capable of delivering the continuum of care. We will apply the principles of Continuous Quality Improvement in the development of staff, services, and facilities.

FINANCIAL ASSISTANCE:

Discounts may be available to patients with low income, and to those who are uninsured or under insured. Check to see if you qualify by asking about our Financial Assistance Program.

USUAL AND CUSTOMARY CHARGES



1035 West Wayne Street
Paulding, Ohio 45879

www.pauldingcountyhospital.com

Revision Date 01/01/11