



Summa Akron City, St. Thomas and Barberton Hospitals

Usual and Customary Charges for Selected Procedures

Patient Price List

In compliance with state law, Summa Akron City, St. Thomas, and Barberton hospitals publish charges for room and board, emergency department, labor and delivery, operating room, lab, radiology and other procedures. This publication is available upon request when visiting the hospitals and may be found at <https://www.summahealth.org/patientvisitor/InsuranceandBilling/patientpricereports> hospital charges are consistent for all patients. The patient's responsibility may vary; however, depending on insurance contracts with individual health insurers. Summa Health System offers financial assistance through the Ohio Hospital Care Assurance Program, Summa's Charity and Uninsured Patient Charity Programs. For information contact Patient Financial Services at 234.312.5700.

Prices as of January 1st, 2023.

Hospital Billing Policies

Your insurance providers, including Medicare, Medicaid, other primary insurance providers and secondary insurance providers are billed by Summa hospitals 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 Patient Financial Services 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.

Room and Board per Day Charges

MEDICAL/SURGICAL SEMI-PRIVATE	\$3,264	PERINATAL	\$4,765
CHEMICAL DEPENDENCY/DETOX/PSYCHIATRY	\$3,264	TELEMETRY	\$7,066
ONCOLOGY	\$3,264	ICU STEP DOWN	\$11,385
MEDICAL/SURGICAL PRIVATE	\$3,376	CORONARY/INTENSIVE CARE	\$16,137
NURSERY	\$2,498		

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.

LABOR ROOM FIRST HR	\$661	OB OR LEVEL 2: 1ST 30 MIN	\$6,044
LABOR ROOM EA ADD HR	\$332	OB OR LEVEL 3: 1ST 30 MIN	\$8,919
LABOR/DELIVERY UNIT	\$673	OB OR LEVEL 1 or 2: EA ADD 15M	\$317
BIRTHING ROOM FIRST HR	\$5,818	OB OR LEVEL 3: EA ADD 15M	\$492
BIRTH RM HIGH RISK 1ST 30 MIN	\$6,514	OB PACU - 1ST 30 MIN	\$562
BIRTH RM HIGH RISK EA ADD 15 MIN	\$129	OB PACU - ADD 15 MIN	\$126
DELIVERY RM 1ST 30 MIN	\$6,147	CIRCUMCISION W/REGIONL BLOCK	\$688
DELIVERY RM EA ADD 15 MIN	\$129	FETAL NON-STRESS TEST	\$867
OB OR LEVEL 1: 1ST 30 MIN	\$3,112		

Emergency Department Charges

Emergency Department charges are based on the level of emergency care provided to patients. There may be other hospital charges related to the emergency room visit (drugs, ancillary services, testing, anesthesia, etc.). Services provided by Emergency physicians will be billed by the physicians.

LEVEL 1 EMERGENCY EXAM	\$535	CRITICAL CARE 1ST HOUR	\$6,573
LEVEL 2 EMERGENCY EXAM	\$756	CRITICAL CARE ADDL 30 MIN	\$2,092
LEVEL 3 EMERGENCY EXAM	\$1,472	PRE-NOTIFY TRAUMA EVAL W/CC	\$7,409
LEVEL 4 EMERGENCY EXAM	\$2,317	PRE-NOTIFY TRAUMA ACT W/CC	\$14,682
LEVEL 5 EMERGENCY EXAM	\$3,520		

Operating Room Charges

LEVEL 1 ROOM OPEN	\$2,329	LEVEL 1 PER MINUTE	\$49
LEVEL 2 ROOM OPEN	\$5,131	LEVEL 2 PER MINUTE	\$52
LEVEL 3 ROOM OPEN	\$6,673	LEVEL 3 PER MINUTE	\$61
LEVEL 4 ROOM OPEN	\$14,290	LEVEL 4 PER MINUTE	\$99

Anesthesia Charges

Anesthesia charges are a function of the type of anesthesia and the level of risk for the patient based on the patient's overall health and risk for complications. Fees for anesthesia administration are not reflected and will be billed separately by your physician.

ANES-EPIDURAL ASA 1-1ST 30M	\$933	ANES-MAC ASA 4 - FIRST 30 MIN	\$549
ANES-EPIDURAL ASA 2-1ST 30M	\$1,027	ANES-MAC ASA 5 - FIRST 30 MIN	\$604
ANES-EPIDURAL ASA 3-1ST 30M	\$1,130	ANES-REGIONAL ASA 1 -1ST 30MN	\$611
ANES-EPIDURAL ASA 4-1ST 30M	\$1,242	ANES-REGIONAL ASA 2 -1ST 30MN	\$672
ANES-EPIDURAL ASA 5-1ST 30M	\$1,367	ANES-REGIONAL ASA 3 -1ST 30MN	\$739
ANES-GENERAL ASA 1 - 1ST 30 MN	\$1,171	ANES-REGIONAL ASA 4 -1ST 30MN	\$813
ANES-GENERAL ASA 2 - 1ST 30 MN	\$1,289	ANES-REGIONAL ASA 5 -1ST 30MN	\$894
ANES-GENERAL ASA 3 - 1ST 30 MN	\$1,418	ANES-SPINAL ASA 1-1ST 30M	\$749
ANES-GENERAL ASA 4 - 1ST 30 MN	\$1,559	ANES-SPINAL ASA 2-1ST 30M	\$823
ANES-GENERAL ASA 5 - 1ST 30 MN	\$1,715	ANES-SPINAL ASA 3-1ST 30M	\$905
ANES-MAC ASA 1 - FIRST 30 MIN	\$413	ANES-SPINAL ASA 4-1ST 30M	\$996
ANES-MAC ASA 2 - FIRST 30 MIN	\$453	ANES-SPINAL ASA 5-1ST 30M	\$1,096
ANES-MAC ASA 3 - FIRST 30 MIN	\$500	ANES-EA ADD 15M	\$78

X-Ray and Radiological Charges

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

BNE AND OR JT IMAG WHOLE BODY	\$4,143	CT HEAD/BRAIN WO CONT	\$2,418
CT ABD/PELV W CONT	\$6,631	CT THORAX W CONT	\$3,520
CT ABD/PELV WO CONT	\$5,438	CTA CHEST W/WO CONT	\$4,200
CT CERV SPINE WO CONT	\$2,789	DX MAMMO INCL CAD UNI	\$553

X-Ray and Radiological Charges Continued

DXA BONE DEN 1+ SITES AXIAL	\$1,688	PET CT SKULL THIGH	\$8,778
ECG STRESS	\$1,394	US ABD W IMAGE DOC COMPLT	\$1,765
FLUORO GUIDE NEEDLE PLCMT	\$1,783	US ABD W IMAGE DOC LTD	\$1,764
HEPATOBILI DUCT IMAG INCL GB	\$4,290	US BREAST LIMITED	\$921
MRA HEAD WO CONT	\$3,421	US GUID NDL PLCMT IMAG S/I	\$2,191
MRI ANY JT LOW EXT W/CONT	\$4,490	US PELVIC W/DOCUMN COMPLT	\$1,278
MRI BRAIN W/WO CONT	\$6,572	US PREG 1ST TRIM TA APP SING	\$1,206
SCR MAMMO BI INCL CAD	\$561	US PREG TRANSVAGINAL	\$1,700
MYOCARD PERF IMAG SPECT MX	\$7,808	ULTRASOUND TRANSVAGINAL	\$1,306

Laboratory Charges

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

ALLERG SP-IGE QUAN OR SEMIQUAN	\$59	HEPATIC FUNCTION	\$224
APTT	\$121	IRON	\$111
AUTOM URINALYSIS WO MICRO	\$90	LIPASE	\$188
BACT CULT-URINE QUAN COUNT	\$205	LIPID PANEL	\$226
BASIC METABOLIC PANEL	\$194	MAGNESIUM	\$105
BLOOD TYPING- ABO	\$109	NEISSERIA AMPLIF NA PROBE	\$274
BLOOD TYPING-RH D	\$108	PROTHROMBIN TIME	\$66
CLAM TRACH AMP PROBE	\$271	RBC AB SCR N EA TECHIQ	\$166
COMPL AUTOM CBC W PLT	\$143	SURG PATH LEVEL IV	\$621
COMPL CBC W PLT W AUTOM DIFF	\$154	TROPONIN QUANT	\$239
DRUG SCR N QUANT ALCOHOLS	\$200	TSH	\$193
COMPREHENSIVE MET PANEL	\$204	URINALYSIS COMPLETE	\$85
FERRITIN	\$213	URINE PREGNANCY VISUAL COLOR	\$82
GLUCOSE; BLD BY MONITOR DEVICE	\$40	VITAMIN B-12 LEVEL	\$186
HEMOGLOBIN A-1-C	\$151		

Occupational or Physical Therapy

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

APPLY FINGER SPLINT-STATIC	\$486	PT EVAL LOW COMPLEX 20 MIN	\$544
APP SHRT ARM SPLINT STATIC	\$1,063	PT RE-EVAL EST PLAN CARE	\$302
OT EVAL LOW COMPLEX 30 MIN	\$606	PT TX ACTIVE FUNCT Q15	\$241
OT RE-EVAL EST PLAN CARE	\$647	PT TX MAN THER TECH Q 15	\$210
OT TX MAN THER TECH Q 15	\$210	PT TX PROC NEURO Q15	\$235
OT TX PROC Q15	\$218	PT TX PROC Q15	\$218
OT WHIRLPOOL THERAPY	\$541	PT TRACT MECH	\$344
PT E STIM UNAT	\$220	PT US Q 15	\$362

Pulmonary Therapy

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

ARTERIAL PUNCTURE BLOOD FOR DX	\$216	INTUBATION EMERG PROC	\$3,182
BEHAV CHNG SMOKING 3-10 MIN	\$123	POS AIRWAY PRESSURE CPAP	\$1,502
BEHAV CHNG SMOKING >10 MIN	\$165	POTASSIUM	\$78
BLOOD GAS MIXED WO O2 SAT	\$361	PULM FUNCT TST BY GAS FRC/RV	\$1,245
BRONCHOPROVOCATION	\$3,123	PULM FUNCT TST PLETH FRC/RV	\$1,245
BRONCHOSPASM-PRE & POST BD	\$1,011	PULSE OX; MULT DET W/EX	\$349
CHEST PT; SUBSEQUENT	\$316	PULSE OX SGL W/PROCEDURE ONLY	\$298
C0 DIFFUSE CAPACITY	\$934	SPIROMETRY	\$699
EVALUATE PT USE OF INHALER	\$456	VENT MGMT INPT/OBS 1ST DAY-INV	\$4,055
HAST W/REPORT	\$358	VENT MGMT INPT/OBS SUBQ DAY-INV	\$2,484