



CINCINNATI CHILDREN'S HOSPITAL MEDICAL CENTER HOSPITAL PRICE DISCLOSURE

Pursuant to Section 3727.42 of Ohio Revised Code you are entitled, upon request, to a list of the usual and customary charges for room and board, and the usual and customary charges for a **selected number of x-ray, laboratory, emergency room, operating room, delivery room, physical therapy, occupational therapy and respiratory therapy services. Cincinnati Children's Hospital Medical Center's charges on July 1, 2025 are as follows for the required sections.

(B)(1) ROOM CHARGES

ROUTINE	\$6,955.00
CCU	\$12,566.00
ICU	\$12,566.00
NICU	\$12,566.00
HEM/ONC	\$11,491.00
BMT	\$12,488.00
MENTAL HEALTH	\$3,443.00
PSYCH RESIDENTIAL	\$1,995.00
TELEMETRY	\$11,158.00

**** (B)(3)(a) RADIOLOGY PROCEDURES**

		<u>PRO FEES</u>
CHEST X-RAY, SINGLE VIEW	\$224.00	\$47.00
CHEST X-RAY, TWO VIEWS	\$284.00	\$56.00
ABDOMEN X-RAY, ONE VIEW	\$237.00	\$44.00
ABDOMEN ULTRASOUND, LIMITED/SINGLE QUADRANT	\$774.00	\$142.00
RETROPERITONEAL ULTRASOUND, COMPLETE	\$909.00	\$180.00
WRIST X-RAY, ONE OR TWO VIEWS	\$198.00	\$48.00
FOREARM X-RAY, TWO VIEWS	\$220.00	\$53.00
HEAD CT, WITHOUT CONTRAST	\$2,086.00	\$206.00
ABDOMEN X-RAY, TWO VIEWS	\$293.00	\$55.00
BRAIN MRI, WITHOUT CONTRAST	\$4,224.00	\$359.00
FOOT X-RAY, THREE OR MORE VIEWS	\$230.00	\$53.00
ANKLE X-RAY, THREE OR MORE VIEWS	\$245.00	\$54.00
ELBOW X-RAY, ONE OR TWO VIEWS	\$203.00	\$41.00
FINGER X-RAY, TWO OR MORE VIEWS	\$184.00	\$34.00
DOPPLER VELOCIMETRY FETAL, UMBILICAL ARTERY	\$725.00	\$121.00
TIBIA/FIBULA X-RAY, TWO VIEWS	\$223.00	\$55.00
HIP X-RAY BILATERAL, TWO VIEWS	\$287.00	\$68.00
BRAIN MRI, WITHOUT AND WITH CONTRAST	\$5,538.00	\$554.00
KNEE X-RAY, ONE OR TWO VIEWS	\$223.00	\$58.00
NECK X-RAY, SOFT TISSUE	\$218.00	\$44.00
SPINE X-RAY COMPLETE, ONE VIEW	\$327.00	\$64.00
FETAL DOPPLER, COMPLETE	\$894.00	\$142.00
SPINE X-RAY COMPLETE, TWO OR THREE VIEWS	\$496.00	\$78.00
GUIDANCE FOR LOCALIZATION OF TARGET VOLUME FOR DELIVERY OF RADIATION TREATMENT	\$555.00	\$252.00
BONE AGE STUDIES	\$258.00	\$47.00
HEAD, ULTRASOUND	\$804.00	\$156.00
HAND X-RAY, THREE OR MORE VIEWS	\$250.00	\$48.00
ABDOMEN/PELVIS CT, WITH CONTRAST	\$4,033.00	\$440.00
PELVIS XRAY, ONE OR TWO VIEWS	\$223.00	\$60.00
PROTON TREATMENT DELIVERY, INTERMEDIATE	\$6,241.00	N/A

**** (B)(3)(b) LABORATORY TESTS - PERFORMED ON-SITE**

COMPLETE BLOOD COUNT, AUTOMATED, WITH AUTOMATED DIFFERENTIAL	\$68.00
MEASUREMENT OF ANTIBODY (IgE) TO ALLERGIC SUBSTANCE	\$45.00
MAGNESIUM LEVEL	\$78.00
BEDSIDE TESTING-GLUCOSE	\$67.00
BLOOD SODIUM LEVEL	\$68.00
IONIZED CALCIUM LEVEL	\$237.00
BLOOD POTASSIUM LEVEL	\$79.00
RENAL FUNCTION PANEL	\$141.00
ACCUCHECKS - RAPID GLUCOSE	\$68.00
TISSUE EXAM LEVEL IV	\$1,019.00
BLOOD GASES	\$254.00

	PHOSPHORUS SERUM	\$43.00	
	COMPREHENSIVE METABOLIC PANEL	\$139.00	
	LACTIC ACID LEVEL	\$226.00	
	HEMATOCRIT	\$28.00	
	BASIC METABOLIC PANEL	\$111.00	
	HEPATIC FUNCTION PANEL	\$108.00	
	BLOOD GASES WITH O2 SATURATION	\$342.00	
	ASSAY OF GGT	\$53.00	
	THYROID STIMULATING HORMONE	\$149.00	
	URINALYSIS, AUTOMATED WITHOUT MICROSCOPY	\$45.00	
	STREP GROUP A, AMPLIFIED PROBE	\$73.00	
	VITAMIN D 25 OH	\$577.00	
	C-REACTIVE PROTEIN	\$102.00	
	HEMOGLOBIN (A1C)	\$169.00	
	FERRITIN	\$171.00	
	LIPID PANEL	\$134.00	
	COMPLETE BLOOD COUNT, ONLY	\$51.00	
	URINE CULTURE, QUANTITATIVE COLONY COUNT	\$112.00	
	PROTIME	\$68.00	
	VENIPUNCTURE	\$46.00	
(B)(3)(c)	<u>EMERGENCY DEPARTMENT SERVICES</u>		<u>PRO FEES</u>
	LEVEL 1	\$302.00	\$156.00
	LEVEL 2	\$598.00	\$252.00
	LEVEL 3	\$986.00	\$434.00
	LEVEL 4	\$1,725.00	\$670.00
	LEVEL 5	\$2,880.00	\$1,098.00
(B)(3)(d)	<u>OPERATING ROOM SERVICES</u>		
	OR BASE CHARGE - MINOR FIRST 15 MIN	\$3,893.00	
	OR BASE CHARGE - MAJOR FIRST 15 MIN	\$5,787.00	
	OR BASE CHARGE - ROBOTIC FIRST 15 MIN	\$10,477.00	
	OR ADDITIONAL 15 MIN - MINOR	\$1,226.00	
	OR ADDITIONAL 15 MIN - MAJOR	\$1,782.00	
	OR ADDITIONAL 15 MIN - ROBOTIC	\$1,782.00	
(B)(3)(e)	<u>DELIVERY SERVICES</u>		
	VAGINAL DELIVERY - SINGLE GESTATION	\$3,629.00	
	VAGINAL DELIVERY - MULTIPLE GESTATION	\$3,942.00	
	DELIVERY OF PLACENTA ONLY	\$2,843.00	
(B)(3)(f)	<u>RESPIRATORY AND PULMONARY THERAPY</u>		
	HHN TX	\$149.00	
	SUBSEQUENT VENTILATOR DAY	\$2,683.00	
	CHEST PERCUSSION, INITIAL	\$106.00	
	INITIAL VENTILATOR DAY	\$3,080.00	
(B)(3)(f)	<u>PHYSICAL THERAPY</u>		
	PT THERAPEUTIC PROC EA 15	\$84.00	
	PT EVALUATION MOD COMPLEX	\$379.00	
	PT TESTS / MEASUREMENT EA 15 MIN	\$126.00	
	PT HUBBARD TANK EA 15 MIN	\$117.00	
	PT E-STIM (MANUAL) EA 15 MIN	\$117.00	
(B)(3)(f)	<u>OCCUPATIONAL THERAPY</u>		
	OT THERAPEUTIC PROC EA 15 MIN	\$84.00	
	OT EVALUATION MOD COMPLEX	\$379.00	
	OT TESTS / MEASUREMENT EA 15 MIN	\$126.00	
	OT GROUP, TWO OR MORE, THERAPEUTIC PROC	\$178.00	

PRICES DO NOT INCLUDE PHYSICIAN FEES.
****SELECTED PROCEDURES BASED UPON VOLUME.**