

**PENINSULA REGIONAL MEDICAL CENTER
FREQUENTLY OCCURRING CHARGE INFORMATION AS OF JUNE 2020**

THESE STATISTICS ARE UPDATED QUARTERLY

CHARGE FOR DAILY ROOM SERVICES

MEDICAL SURGICAL	\$	1,449
PEDIATRIC	\$	2,554
MENTAL HEALTH	\$	2,233
OBSTETRICS	\$	1,341
INTENSIVE CARE	\$	3,598
NURSERY	\$	1,160

OTHER SERVICES

ADMISSION SERVICES	\$	282
OPERATING ROOM PER MINUTE	\$	37

EMERGENCY DEPARTMENT

BRIEF VISIT	\$	108
INTERMEDIATE VISIT	\$	324
EXTENDED VISIT	\$	432
INTENSIVE VISIT	\$	648
COMPREHENSIVE VISIT	\$	972

TOP TEN PROCEDURES FOR INPATIENT MEDICAL/SURGICAL PATIENTS

PROCEDURE	AVERAGE CHARGE	
ACUTE KIDNEY INJURY	\$	14,108
CEREBRAL VASCULAR ACCIDENT & PRECEREBRAL OCCLUSION W INFARCTION	\$	12,835
HEART FAILURE	\$	12,115
HIP JOINT REPLACEMENT	\$	22,197
MAJOR RESPIRATORY INFECTIONS & INFLAMMATIONS	\$	18,248
PERCUTANEOUS CARDIOVASCULAR PROCEDURES W ACUTE MYOCARDIAL INFARCTION	\$	16,670
PERUTANEOUS CORONARY INTERVENTION W/O AMI	\$	53,908
PNEUMONIA	\$	12,008
PULMONARY EDEMA & RESPIRATORY FAILURE	\$	14,965
SEPTICEMIA & DISSEMINATED INFECTIONS	\$	17,138

TOP TEN PROCEDURES FOR INPATIENT OBSTETRIC PATIENTS

DELIVERY CESAREAN	\$	11,684
DELIVERY VAGINAL	\$	8,826
DELIVERY VAGINAL WITH COMPLICATING PROCEDURES	\$	11,188
DELIVERY VAGINAL WITH STERILIZATION	\$	10,049
ECTOPIC PREGNANCY PROCEDURE	\$	8,985
OTHER ANTEPARTUM DIAGNOSES	\$	10,147
POSTPARTUM & POST CESSATION OF PREGNANCY DIAGNOSES W/O	\$	6,617

TOP TEN PROCEDURES FOR INPATIENT PEDIATRIC PATIENTS (AGE 0-17)

APPENDECTOMY	\$	7,168
BRONCHIOLITIS & RSV PNEUMONIA	\$	7,026
CELLULITIS & OTHER SKIN INFECTIONS	\$	7,157
DELIVERY CESAREAN	\$	11,940
DELIVERY VAGINAL	\$	8,316
FEVER	\$	8,707
INFECTIONS OF UPPER RESPIRATORY TRACT	\$	5,917
KIDNEY & URINARY TRACT INFECTIONS	\$	7,473
NON-BACTERIAL GASTROENTERITIS, NAUSEA & VOMITING	\$	7,621
PNEUMONIA	\$	6,936

TOP TEN PROCEDURES FOR INPATIENT PSYCHIATRIC PATIENTS

ACUTE ANXIETY & DELIRIUM STATES	\$	8,792
ADJUSTMENT DISORDERS & NEUROSES EXCEPT DEPRESSIVE DIAGNOSES	\$	8,262
BIPOLAR DISORDERS	\$	13,975
DEGENERATIVE NERVOUS SYSTEM DISORDERS EXC MULT SCLEROSIS	\$	10,741
DEPRESSION EXCEPT MAJOR DEPRESSIVE DISORDER	\$	8,699
EATING DISORDERS	\$	10,450
MAJOR DEPRESSIVE DISORDERS & OTHER UNSPECIFIED	\$	11,880
MENTAL ILLNESS DIAGNOSIS W O.R. PROCEDURE	\$	10,179
OTHER MENTAL HEALTH DISORDERS	\$	9,518
SCHIZOPHRENIA	\$	18,761

TOP TEN PROCEDURES FOR RADIOLOGY SERVICES

DUPLEX SCAN OF EXTREMITY VEINS; UNILATERAL OR LIMITED STUDY	\$	598
ECHOCARDIOGRAPHY COMBINED SPECTRAL AND COLOR FLOW DOPPLER	\$	165
RADIOLOGIC EXAM, KNEE COMPLETE, 4 OR MORE VIEWS	\$	173
RADIOLOGIC EXAM, SHOULDER COMPLETE, MINIMUM OF 2 VIEWS	\$	108
RADIOLOGIC EXAMINATION, ABDOMEN; 1 VIEW	\$	86
RADIOLOGIC EXAMINATION, FOOT, COMPLETE, MINIMUM OF 3 VIEWS	\$	130
ULTRASOUND ABDOMINAL	\$	502
ULTRASOUND, TRANSVAGINAL	\$	542
X-RAY CHEST 2 VIEWS	\$	109
X-RAY CHEST PORTABLE 1 VIEW	\$	88

TOP TEN PROCEDURES FOR OUTPATIENT SURGERIES

ATHSCL HEART DISEASE OF NATIVE CORONARY ARTERY W/O ANG PCTRS	\$	4,435
CALCULUS OF GALLBLADDER W CHRONIC CHOLECYST W/O OBSTRUCTION	\$	6,653
ENCOUNTER FOR ADJUSTMENT AND MANAGEMENT OF VAD	\$	2,811
ENCOUNTER FOR SCREENING FOR MALIGNANT NEOPLASM OF COLON	\$	2,396
OTHER ASCITES	\$	2,238
OTHER PERSISTENT ATRIAL FIBRILIATION	\$	5,388
PAROXYSMAL ATRIAL FIBRILLATION	\$	8,274
UNILATERAL INGUINAL HERNIA, WITHOUT OBSTRUCTION OR GANGRENE, NOT SPECIFIED AS RECURRENT.	\$	5,327
UNILATERAL PRIMARY OSTEOARTHRITIS, LEFT KNEE	\$	17,213
UNILATERAL PRIMARY OSTEOARTHRITIS, RIGHT KNEE	\$	16,434

TOP TEN PROCEDURES FOR LABORATORY SERVICES

BASIC METABOLIC PANEL	\$	22
CBC	\$	16
CBC WITH DIFF	\$	20
EVALUATION OF SURGICAL SPECIMENS: GROSS AND MICROSCOPIC ANATOMY LEVEL IV	\$	122
HEPATIC FUNCTION PANEL	\$	22
LIPASE	\$	16
MAGNESIUM	\$	12
METABOLIC PANEL COMPREHENSIVE	\$	31
TROPONIN, QUANTITATIVE	\$	50
URINALYSIS, AUTOMATED, WITH MICROSCOPY	\$	18

Additional charge information is available by calling 800-235-8640

The information provided on this web site is not a quote nor is it a guarantee of the charges for a service or the amount that you will owe. If you have insurance, your insurance policy coverage (including deductibles, co-pay, co-insurance, and out-of-pocket maximums) will determine the amount you owe. The estimated charges provided above do not include any physician charges (including office visits, surgeon, anesthesiologist, emergency room physician, radiologist, pathologist, consulting physicians, etc.).

Note: The estimated cost is not a guarantee of insurance coverage. Please check with your insurance company if you need help understanding your benefits for the service chosen.

THE INFORMATION ABOVE IS AN ESTIMATE ONLY. THE ACTUAL AMOUNT THAT YOU WILL BE REQUIRED TO PAY MAY BE, AND LIKELY WILL BE, DIFFERENT.