

The tables below provide the historical range of charges for the most commonly used inpatient and outpatient services at Mercy Medical Center, and the average charge for the service. This table is updated quarterly and is based on the patient charges actually incurred for these services during the last six months and may be used by patients to estimate the charge for services that they may incur. The actual charges for service received may be higher or lower than the figures below as they will vary depending on the patient's condition and the level of care or other services that are required and provided to the patient. Please contact our Financial Counseling Office at (401)332-9273 for assistance or for a more current price list.

The amounts below reflect hospital charges only. Each physician or physician group that provides service to you will charge you separately for their services. Please contact the physician groups directly for charge estimates.

Estimated Charges for Common <u>Inpatient</u> Procedures as of January 1, 2012			
Federal DRG & Description	Charge Range		
	Minimum	Average	Maximum
ANKLE PROCEDURES	\$9,100	\$16,400	\$30,500
BACK & NECK PROCEDURES EXCLUDING SPINAL FUSION	\$5,800	\$13,800	\$28,200
CERVICAL SPINAL FUSION	\$9,500	\$17,500	\$28,000
CESAREAN SECTION (INCLUDES NORMAL NEWBORN)	\$4,550	\$12,700	\$32,900
COMBINED ANTERIOR/POSTERIOR SPINAL FUSION	\$16,000	\$42,200	\$60,400
FEMALE REPRODUCTIVE SYSTEM RECONSTRUCTIVE PROCEDURES	\$4,500	\$10,600	\$19,800
HYSTERECTOMY	\$3,600	\$12,500	\$23,500
LAPAROSCOPIC CHOLECYSTECTOMY	\$5,700	\$10,700	\$18,500
MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY	\$14,800	\$23,700	\$52,000
MAJOR SMALL & LARGE BOWEL PROCEDURES	\$8,200	\$32,300	\$55,800
MASTECTOMY FOR MALIGNANCY	\$6,900	\$16,200	\$32,400
OTHER SKIN, TISSUE & BREAST PROCEDURES	\$2,800	\$18,700	\$39,400
PANCREAS, LIVER & SHUNT PROCEDURES	\$10,200	\$31,500	\$53,100
REVISION OF HIP OR KNEE REPLACEMENT	\$12,500	\$25,500	\$45,900
SPINAL FUSION EXCEPT CERVICAL	\$8,000	\$33,200	\$55,400
THYROID, PARATHYROID & THYROGLOSSAL PROCEDURES	\$4,000	\$7,500	\$14,500
UTERINE/ADNEXA PROCEDURES	\$5,800	\$19,500	\$33,500
VAGINA, CERVIX & VULVA PROCEDURES	\$2,900	\$8,700	\$16,700
VAGINAL DELIVERY (INCLUDES NORMAL NEWBORN)	\$3,250	\$9,700	\$26,100
VASCULAR PROCEDURES	\$8,000	\$23,600	\$52,100

Estimated Charges for Common <u>Outpatient</u> Procedures as of January 1, 2012			
Procedure	Charge Range		
	Minimum	Average	Maximum
ARTHRODESIS	\$2,500	\$7,700	\$14,400
ARTHROSCOPY KNEE WITH MENISECTOMY	\$1,900	\$2,700	\$6,800
BIOPSY LIVER	\$1,200	\$1,700	\$4,600
BIOPSY ULTRASOUND GUIDED PROSTATE	\$1,100	\$2,500	\$5,600
BLADDER INSTILLATION OF ANTICARCINOGENIC AGENT	\$1,000	\$1,300	\$1,600
BREAST BIOPSY	\$2,700	\$5,700	\$10,600
CHOLECYSTECTOMY LAPAROSCOPIC	\$3,700	\$5,500	\$8,200
COLONOSCOPY	\$1,000	\$1,400	\$6,100
COLONOSCOPY WITH BIOPSY	\$1,200	\$2,300	\$7,900
CYSTOSCOPY	\$1,100	\$1,700	\$9,700
DAVINCI SALPINGECTOMY OOPHERECTOMY	\$4,400	\$6,200	\$10,000
ENDOSCOPY, UPPER GASTROINTESTINAL (EGD)	\$1,100	\$3,000	\$8,000
EXTRA CORPORAL SHOCKWAVE LITHOTRIPSY	\$4,000	\$4,100	\$4,200
HYSTEROSCOPY	\$1,100	\$2,200	\$6,500
INSERTION PORTACATH	\$3,300	\$5,700	\$13,400
LAPAROSCOPIC TOTAL ABDOMINAL HYSTERECTOMY	\$5,700	\$8,000	\$12,400
LEEP PROCEDURE	\$1,500	\$2,000	\$4,400
MASTECTOMY PARTIAL	\$2,300	\$6,200	\$15,400
PELVISCOPY	\$2,800	\$6,300	\$9,900
REPAIR HERNIA INGUINAL LAPAROSCOPIC	\$5,100	\$9,000	\$11,000

The tables below provide the historical average charge for the most commonly used laboratory and radiology services at Mercy Medical Center. The actual charges for service received may be higher or lower than the figures below. Please contact our Financial Counseling Office at (401)332-9273 for assistance or for a more current price list.

The amounts below reflect hospital charges only. Physicians bill separately for their services.

Estimated Charges for Common <u>Laboratory</u> Procedures as of January 1, 2012	
Procedure	Estimated Charge
ANTIBODY SCREEN	\$132.60
BASIC METABOLIC PANEL	\$8.84
BLOOD GAS	\$17.68
BLOOD TYPING, ABO TYPE	\$8.84
BLOOD TYPING, RH TYPE	\$4.42
COLLECT VENOUS BLOOD VENIPUNCTURE	\$24.31
COMPATIBILITY TEST IMMEDIATE SPIN TECHNIQUE	\$8.84
COMPLETE (CBC) WITH AUTOMATED DIFFERENTIAL	\$41.99
COMPLETE (CBC) WITHOUT DIFFERENTIAL	\$33.15
COMPREHENSIVE METABOLIC PANEL	\$26.52
HCG QUAL PREGNANCY TEST	\$13.26
HEPATIC PANEL	\$11.05
LIPID PANEL	\$68.51
MAGNESIUM	\$17.68
MICROSCOPIC URINALYSIS	\$22.10
PHOSPHORUS	\$24.31
PROTHROMBIN TIME (PT)	\$17.68
THROMBOPLASTIN TIME, PARTIAL (PTT)	\$17.68
TISSUE SLIDE LEVEL IV	\$22.10
URINALYSIS AUTO WITHOUT SCOPE	\$17.68

Estimated Charges for Common <u>Radiology</u> Procedures as of January 1, 2012	
Procedure	Estimated Charge
BREAST ULTRASOUND LEFT	\$351.50
COMPUTED TOMOGRAPHY, ABDOMEN & PELVIS WITH CONTRAST	\$379.00
COMPUTED TOMOGRAPHY, ABDOMEN WITH CONTRAST	\$189.50
COMPUTED TOMOGRAPHY, CHEST, THORAX WITH CONTRAST	\$189.50
COMPUTED TOMOGRAPHY, HEAD SCAN WITHOUT CONTRAST	\$113.70
COMPUTED TOMOGRAPHY, PELVIC/SACRUM WITH CONTRAST	\$189.50
ECHOCARDIOGRAPHY TRANSTHORACIC WITH DOPPLER & COLOR FLOW	\$984.20
EXTREMITY ARTERIAL STUDY, BILATERAL SEGMENT ARTERIAL	\$281.20
EXTREMITY VENOUS STUDY, UNILATERAL OR LIMITED VENOUS DUPLEX	\$386.65
FLUOROSCOPY, GREATER THAN 1 HOUR	\$492.10
MAMMOGRAM BILATERAL DIGITAL	\$492.10
MAMMOGRAM SCREENING DIGITAL	\$351.50
MAMMOGRAM UNILATERAL DIGITAL	\$351.50
PELVIC - TRANSVAGINAL ULTRASOUND	\$386.65
RADIOLOGIC EXAMINATION, ABDOMEN (1 VIEW)	\$105.45
RADIOLOGIC EXAMINATION, CHEST (1 VIEW)	\$70.30
RADIOLOGIC EXAMINATION, CHEST (2 VIEWS)	\$105.45
RADIOLOGIC EXAMINATION, FOOT MINIMUM 3 VIEWS	\$105.45
RADIOLOGIC EXAMINATION, HAND MIN 3 VIEWS	\$281.20
ULTRASOUND PELVIC NON OBSTETRIC	\$386.65