



Patient Price Information List

January 1, 2012

Laboratory Procedures

<i>Procedure Description</i>		<i>Price</i>
LABORATORY TESTS		
ARTERIAL BLOOD GASES	**	227.00
CREATININE BLOOD	**	49.00
GLUCOSE RANDOM	**	61.00
HBA1C-GLYCOHEMOGLOBIN	**	254.00
MAGNESIUM SERUM	**	138.00
PHOSPHORUS SERUM	**	78.00
ELECTROLYTE PANEL	**	174.00
BASIC METABOLIC PANEL	**	227.00
COMPREHENSIVE METABOLIC PANEL	**	313.00
HEPATIC/LIVER FUNCTION PANEL	**	243.00
LIPID PROFILE PANEL	**	282.00
RENAL PANEL	**	243.00
CPK /CREATINE PHOSPHOKINASE	**	115.00
CPK ISOENZYMES	**	172.00
TROPONIN I	**	209.00
TSH (THYROID STIMULAT HORMONE)	**	204.00
BLOOD COUNTS		
CBC /COMPLETE BLOOD COUNT	**	141.00
HEMATOCRIT	**	48.00
HEMOGLOBIN	**	48.00
PROTHROMBIN TIME	**	109.00
PTT /PARTIAL THROMBOPLAST TIM	**	220.00
URINALYSIS		
URINALYSIS ROUTINE W/O MICRO		40.00
URINALYSIS ROUTINE WITH MICRO		57.00
MICROBIOLOGY		
CULTURE BLOOD		244.00
CULTURE, URINE WITH COLONY		111.00
GRAM STAIN WITH CULTURE		115.00
BLOOD		
ABO BLOOD GROUP		62.00
CROSSMATCH		368.00
RHO D TYPE		101.00

** BLOOD DRAWING CHARGE may also be charged once/day

\$31.00

Please note: The prices listed are at our standard rate for each line item charge.

Medicaid plans, the amount you pay out of pocket will be lower depending on your insurance plan's contracted rate, your specific benefit plan, and which hospital you choose.

our discount programs. For specific program information, please contact one of our Financial Counselors at any of the numbers below:

Grandview Hospital	937-723-4072
Kettering Medical Center	937-298-3399 ext 55838
Kettering Medical Center-Sycamore	937-866-0551 ext 46172
Southview Hospital	937-401-6190
Greene Memorial Hospital	937-352-2421
Fort Hamilton Hughes	513-867-4178
Soin	937-352-2100

**** These Prices apply to Kettering, Grandview, Sycamore, and Southview Hospitals and all affiliated associates ****