



KETTERING HEALTH NETWORKSM

Patient Price Information List

January 1, 2010

X-Ray Procedures

<i>Procedure Description</i>	<i>Price</i>
RADIOLOGY	
ABD ACUTE SERIES WITH PA CHEST	\$599.75
ABD SINGLE VIEW	\$285.00
CHEST PA & LATERAL	\$463.75
LUMBAR SPINE 2/3 VIEWS	\$656.75
KNEE 3 VIEW (SINGLE LEG)	\$354.75
SHOULDER BILATERAL 2 OR MORE VIEWS	\$416.50
FOOT THREE OR MORE VIEWS	\$323.25
HAND THREE OR MORE VIEWS	\$323.25
ANKLE THREE OR MORE VIEWS	\$387.00
US ABDOMEN	\$968.00
US PELVIC	\$838.00
CT SCANS	
CT ABDOMEN WITHOUT/WITH CONTRAST	\$1,937.25
CT CHEST WITHOUT/WITH CONTRAST	\$ 2,115.00
CT HEAD WITHOUT/WITH CONTRAST	\$1,809.75
CT PELVIS WITHOUT/WITH CONTRAST	\$2,396.75
CT EXTREMITY WITHOUT/WITH CONTRAST	\$1,704.25
MRI	
MRI BRAIN WITH CONTRAST	\$3,138.50
MRI BRAIN WITHOUT CONTRAST	\$2,575.25
MRI BRAIN WITHOUT/WITH CONTRAST	\$4,216.50
MAMMOGRAPHY	
MAMMOGRAPHY SCREENING	\$198.50
MAMMOGRAPHY DIAGNOSTIC	\$367.25

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

Your actual bill may vary with charges for contrast and supplies specific to your case.

If you have insurance, including Medicare or 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.

If you do not have insurance, you will qualify for one of our discount programs. For specific program information, please contact one of our Financial Counselors at any of the numbers below:

**** These Prices apply to Kettering, Grandview, Sycamore, and Southview Hospitals and all associated affiliates****

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

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