

Hospital Charges (Price Line Common Requested)

Contact the Business Office for Verification and Tests/Procedures Not Listed (585) 786-8940 x-4404

| Diagnostic | Charge | |
|---|--------|----------|
| All diagnostic imaging services will receive a separate bill from | | |
| St. Lawrence Radiology for Professional Reading of the image. | | |
| Ankle | \$ | 84.32 |
| Abdomen, 1 view (kidney, ureter, bladder) | | 75.81 |
| Cervical spine, 5 views | | 150.57 |
| Chest, 1 view | | 60.17 |
| Chest, 2 views z | | 102.80 |
| Chest portable, 1 view | | 60.17 |
| CT abdominal/pelvis with contrast | | 975.14 |
| CT abdominal/pelvis with/without contrast | | 1,083.60 |
| CT abdominal/pelvis without contrast | | 662.24 |
| CT head | | 722.40 |
| DEXAscan | | 331.07 |
| Foot | | 84.32 |
| Hand | | 84.32 |
| Hip | | 90.30 |
| Knee, 2 views | | 80.75 |
| Knee, complete | | 120.12 |
| Lumbar spine, 2 views | | 96.29 |
| Lumbar spine, complete | | 162.65 |
| Mammogram screening, digital | | 246.86 |
| Mammogram, unilateral diagnostic digital | | 228.80 |
| MRI brain with/without contrast | | 2,160.38 |
| MRI lumbar spine, without contrast | | 1,562.09 |
| Shoulder, complete | | 80.75 |
| Thoracic spine, 3 views | | 90.30 |
| Ultrasound abdominal, complete | | 300.93 |
| Ultrasound carotid Doppler duplex, bilateral | | 389.13 |
| | | |



| Diagnostic | Charge |
|---|--------|
| Ultrasound Doppler peripheral imaging bilateral leg | 433.44 |
| Ultrasound Doppler peripheral leg limited | 300.93 |
| Ultrasound limited, OB ultrasound | 210.74 |
| Ultrasound OB, 1st trimester transvaginal | 270.90 |
| Ultrasound pelvis | 300.93 |
| Ultrasound pregnancy complete | 300.93 |
| Ultrasound transvaginal pelvic | 300.93 |
| Ultrasounds renals | 300.93 |
| Ultrasounds thyroid, soft tissue neck | 300.93 |
| Wrist, minimum of 3 views | 90.30 |
| | |
| Lab | Charge |
| Basic Metabolic Panel \$ | 55.86 |
| CBC | 22.89 |
| CBC and Differential | 27.09 |
| CK | 18.90 |
| Comp Metabolic Panel | 46.94 |
| Culture Urine | 79.91 |
| Free T4 | 63.74 |
| HBA1c | 46.83 |
| Hepatic Function Panel | 82.22 |
| Iron | 42.95 |
| Surgical Pathology, Level 4 | 237.20 |
| Lipid Panel with Reflex | 84.53 |
| Prothrombin Time | 23.73 |
| PSA with Reflex To Free | 74.97 |
| PTT | 29.93 |
| Transferrin | 39.90 |
| Troponin I | 63.84 |
| TSH | 88.62 |
| Venipuncture | 15.86 |
| Vitamin B12 | 23.42 |

400 North Main Street, Warsaw, NY 14569 | 585 786 2233 | wcchs.net This institution is an equal opportunity provider and employer | TDD 800 662 1220

Vitamin D 25-Hydroxy

78.44



Approximate Ambulatory Procedures All ambulatory procedures will receive a separate bill from the physician **Blood Transfusion Service** \$ 2,407.86 **Carpal Tunnel Surgery** 2,961.53 **Cataract Surgery Complex** 5,552.82 Cataract Surgery with Intraocular Lens 1 Stage 4,163.78 Colonoscopy and Biopsy 1,936.10 Create Eardrum Opening 2,970.24 Diagnostic Colonoscopy 1,002.44 **Drainage of Skin Abscess** 546.00 Draw Blood Off Venous Device 425.88 Endovenous Radiofrequency (RF) 1st Vein 7,618.91 1,920.87 Excision Face 1.1 to 2.0 cm Excision Trunk 1.1 to 2 cm 1,428.32 Excision Trunk 2.1 to 3 cm 1,646.72 Gastro Endoscopy Biopsy 1,215.38 Gastro Endoscopy Diagnostic 931.46 Gastro Endoscopy/Guide Wire 1,857.45 3,600.35 Hysteroscopy with Biopsy Inguinal hernia 6,104.28 Knee Arthroscopy/Surgery 6,562.92 Laparoscopic Appendectomy 7,889.70 Laparoscopic Cholecystectomy 6,371.82 Remove Tonsils and Adenoids 4,804.80 Sinus Endoscopy Surgical 18,236.40

Vitrectomy for Macular Pucker

7,846.02



| Emaganau Baam Visita | Charge per | |
|---|---------------------------|--|
| Emergency Room Visits | Visit | |
| Does not include ancillary services. | | |
| Emergency Dept. Visit-Level 1 | \$ 234.78 | |
| Emergency Dept. Visit-Level 2 | 365.82 | |
| Emergency Dept. Visit-Level 3 | 546.00 | |
| Emergency Dept. Visit-Level 4 | 791.70 | |
| Emergency Dept. Visit-Level 5 | 1,130.22 | |
| Critical Care First Hour | 1,304.94 | |
| Critical Care Additional Half Hour | 567.84 | |
| | Approximate Charge per | |
| Inpatient Visit Room and Board | Day | |
| Medical/Surgical | \$ 1,103.00 | |
| Women's and Maternity Health (Obstetrics) | 1,103.00 | |
| Intensive Care Unit (ICU) | 1,958.00 | |
| Nursery | 709.00 | |
| Behavioral Health | 1,150.00 | |
| | Approximate Charge per | |
| Observation Basic Charge | Hour | |
| Medical/Surgical | \$ 46.00 | |
| Intensive Care Unit | 82.00 | |