



Close to you.

In compliance with state law, Affinity Medical Center, is providing this price list containing our charges for room and board, emergency department, operation room, physical therapy and other procedures. The hospital's charges are the same for all patients, but a patient's responsibility may vary, depending on payment plans negotiated with individual health insurers. Uninsured or underinsured patients should consult with our admitting and billing staff to determine whether they qualify for discounts. These prices are correct as of 1/1/09.

Room and Board - Per Day Charges

Medical - Surgical

MED/SURG/SEMI PVT	850.00
MED/SURG/TELEMETRY	920.00

Observation Status

MED/SURG/OBSERVATION -- Per Hr	37.20
YMS TELEMETRY OBSERVATION -- Per Hr	63.51

Skilled Nursing

SNF UNIT SEMI PVT	672.00
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Intensive Care

CCU SEMI PVT	720.00
CCU LEVEL 1	1785.00
CCU LEVEL 2	1785.00
CCU TELEMETRY SEMI PVT	1785.00
CCU ACUTE	1785.00
CCU STEP DOWN	1785.00

Adult/Geriatric Psychiatric

GERO PSYCH SEMI PVT	1493.00
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Rehabilitation

REHAB UNIT SEMI PVT	800.00
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Emergency Department Charges

EMERGENCY VISIT LEVEL 1	150.00
EMERGENCY VISIT LEVEL 2	250.00
EMERGENCY VISIT LEVEL 3	400.00
EMERGENCY VISIT LEVEL 4	550.00
EMERGENCY VISIT LEVEL 5	800.00
CRITICAL CARE VISIT	1200.00
ER MINOR PROCEDURE	199.50



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Operating Room Charges

OR LOCAL MINUTES	410.00
OR MINOR MINUTES	1408.00
OR MAJOR MINUTES	1490.00

Physical Therapy Charges

PT RE-EVAL W TREATMENT	103.50
PT MASSAGE 15 MIN	80.00
PT EVAL	195.00
PT RE-EVAL	98.50
PT WHIRLPOOL TX	127.00
PT ULTRA SOUND 15 MIN	80.00
PT GAIT TRNG/STAIRS 15 M	42.00
PT ESTIM - MANUAL 15 MIN	80.00

Occupational Therapy Charge

PT EVAL	195.00
REC THERAPEUTIC GROUP	72.00
PT SELF MGMT TRN 15 MIN	54.00
PT MANUAL THERAPY 15 MIN	72.00

Pulmonary Therapy Charges

BRONCHO PER TREAT	61.50
PUL REHAB PER SESSION	48.50
VENT MGMT SUBSEQUENT DAY	281.00
VENT MGMT INITIAL DAY	544.00
INITIAL PUL ASSESSMENT	98.50

X-Ray and Radiological Charges

MRI BRAIN W&WO CONT	3051.50
MRI L-SPINE W/O CONT	2809.50
CT HEAD/BRAIN W/O CONT	687.00
CT HEAD/BRAIN W/CONT	811.00
CT C SPINE W/O CONTRAST	2219.00
CT C SPINE W/CONTRAST	2219.00
CT PELVIS W/O CONTRAST	1290.00
CT PELVIS W/CONTRAST	1498.50
CT PELVIS W&W/O CONT	1460.50



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CT ABDOMEN W/O CONT	1311.00
CT ABDOMEN W/CONT	1600.50
CT THORACENTESIS	513.50
CT THORACENTESIS W/TUBE	513.50
MM MAMMOGRAM DIAG BILAT	258.00
MM MAMMOGRAM SCREEN BILAT	246.00
XR IVP	767.50
XR CHEST 2V W/OBLIQUES	386.00
XR KNEE 1 VIEW	94.00
XR ANKLE 1 VIEW	117.50
XR FOOT 1 VIEW	94.00
BD DEXA BONE DENSITY RADIU	428.00
US ABDOMEN LTD	661.50
US PREGNANCY COMP	333.50
US PELVIS NON OB COMP	502.50
US DUPLEX US CAROTID ARTER	927.00
US ABDOMEN COMPLETE	1345.00
US TRANSVAGINAL	656.00
XR FOOT 1 VIEW	94.00
XR T-SPINE > 4 VIEWS	284.00

Laboratory Charges

ABO Type	32.75
Aerobic Organism ID	49.77
Antibody Screen Ea	60.25
Basic Metabolic Panel	74.66
CBC Platelet Auto Diff.	43.23
CBC Platelet No Diff.	35.37
Comprehensive Metabolic Profile	108.71
Creatine Kinase (CK)	15.71
Creatine Kinase (MB)	95.62
Crossmatch Incub.	53.71
Culture Blood	79.90
Amylase	56.32
Hematocrit	15.71
Hemoglobin	15.71
Hemoglobin Glycosylated	103.47
Hepatic Panel	124.44
Iron	69.42
Lipase	104.78
Lipid Panel	142.78



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Magnesium Bld.	64.18
Natriuretic Peptide (BNP)	158.49
Protime	60.25
PTT	60.25
RH Type	32.75
Sedimentation Rate	60.25
Troponin Qua	62.87
TSH	171.59
U/A w/o Micro Auto	31.44
Urine Culture	51.08