



## Rice Medical Center Prices

The prices listed below are current for January 01, 2020 but are subject to change. Some prices listed are **average prices** for select services.

If you would like an estimate for a service not listed below, please call 979-234-5571.

### What is included in these prices?

Prices include Rice Medical Center's equipment and staff.

### What is not included in these prices?

Prices do not include physician/provider professional fees such as anesthesiologist, pathologist, or radiologist.

### Will my final costs be different than what is listed here?

The amount you owe may vary due to different circumstances. These may include:

- >> Additional testing, medications, services or procedures ordered.
- >> The procedure planned may not be the procedure performed based on your physician's assessment.
- >> If you have insurance, your insurance company will determine the final amount you have to pay due to your deductibles, coinsurance or out of pocket limits.

## Hospital Charges

### Daily Room and Board

Description	Per Day Charge
Medical Private Room	\$1,147
Medical Semi-Private Room	\$1,126
Swing Bed Private	\$996
Swing Bed Semi-Private	\$845

### Emergency Room Levels

Description	Level Charge
ER Level I	\$327.60
ER Level II	\$557.70
ER Level III	\$764.40
ER Level IV	\$1,001
ER Level V	\$1,236
ER Physician Pro Fee -AVG	\$270

### Clinic Family Practice Provider

Description	Average Charge
New Patient - Avg Level	\$241
Established Patient -Avg Level	\$174

## Laboratory Tests

Description	Average Charge
Comprehensive Metabolic Panel	\$234
Complete Blood Count	\$119.60
Troponin, Quan	\$210.60
Red Blood Cells	\$509
Thyroid Stim Hormone	\$178.10
Autom Urinalysis WO	\$27
Metabolic Panel Total	\$175.50
Lipid Panel	\$170.30
Influenza DNA	\$282.10
B-Natriuretic Pptide	\$295.10
CPK - MB Fraction	\$193.70
Transfusion Blood	\$827
Prothrombin Time - PT	\$68.90
Urine Culture	\$131.30
CPK Total	\$113.10
Glucose; BLD by Monitor	\$42.90
Aerob Bacterial Blood Culture	\$211.90
Glycosylated HGB	\$118.30
Microbe Susceptible MIC	\$114.40
BC-Aerobic	\$97.50
Compl Autom CBC	\$76
Compatibility Test Antiglob	\$184.60
Tissue Exam by Pathologist	\$286

## Radiology Tests

Description	Average Charge
X-ray chest - 2 view	\$329
X-ray abdomen - 2 view	\$317
X-ray chest - 1 view	\$300
Bilateral Screening Mammogram	\$216
EKG 12 Lead	\$326.30
Ultrasound Abdomen Complete	\$949
Ultrasound Renal	\$889.20
Ultrasound Carotid Dup	\$1,479
Bilateral Lower Ext	\$1,479
Echo Exam with Doppler	\$1,526.20
Non-OB Transvag Ultrasound	\$889.20
CT Head/Brain WO Contrast	\$965
CT ABD/Pelvis W/WO Contrast	\$3,124
CT Spine WO Contrast	\$995
CT Chest PE Protocol	\$2,553
CT Facial WO Contrast	\$1,056
CT ABD/Pelvis W Contrast	\$2,058
CT Chest WO Contrast	\$1,869
CT Chest W Contrast	\$1,329
CT ABD W/WO, Pel W	\$2,529
MRI Head W/O Circle of Willis	\$2,961

## **Radiology Tests**

<b>Description</b>	<b>Average Charge</b>
MRI Lumbar Spine WO Contrast	\$3,035
MRI Low Extremities WO Contrast	\$2,830
MRI C-Spine WO Contrast	\$3,085
MRI Brain W&WO Contrast	\$2,742

## **Common Procedures/Visits**

<b>Description</b>	<b>Average Charge</b>
Fast Track Level 1	\$162
Fast Track Level 2	\$162
Fast Track Level 3	\$162
Fast Track Level 4	\$162
Skin graft	\$2,411
Wound Care	\$481
Surgical room minutes	\$5,485
Physical Therapy visit	\$182
Respiratory Therapy	\$268.24
Respiratory Therapy - CPAP	\$2,154
Group psychotherapy	\$184
Psychiatric diagnostic eval	\$341

### **DISCLAIMER AND EXPLANATION FOR STANDARD HOSPITAL CHARGES**

This hospital determines its standard charges for patient services with the use of a chargemaster or similar system, which is a list of charges for the components of patient care that go into every patient's bill. These are the baseline rates for services provided at this hospital.

The chargemaster is similar in concept to the manufacturer's suggested retail price (MSRP) on a vehicle. It is the starting price of each service performed and goods consumed associated with the individual patient's treatment. The chargemaster rates are updated from time to time to accurately reflect the hospital's expenses to operate.

Standard charges shown in the attached/this file do not necessarily reflect what a patient may pay. Government insurance plans such as Medicare and Medicaid do not pay the chargemaster rates, but rather have their own set rates which hospitals are obligated to accept. Commercial insurance payments are based on contract negotiations with managed care payors and may or may not reflect the standard charges. Patients without commercial insurance or not covered by a government health care plan should contact the hospital prior to a procedure to discuss charges, alternative pricing, and payment terms.