

OUR MOST COMMON CHARGES

At Mercer Health, we believe you have a right to know how much you or your insurance company may be charged for many of our essential services. We charge 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. The list below contains our charges for room and board, emergency department, operating room, newborn delivery, physical therapy and other procedures. These charges are correct as of November 10, 2022.

Daily Room Charges		Doctor's Care Charges	
Daily Room Charge	\$594.09	Facility Visit Charges	
Intensive Care	\$1,473.04	Level 1	\$55.77
Maternity Daily	\$926.46	Level 2	\$88.12
Nursery	\$848.80	Level 3	\$102.05
Nursery Special Care	\$1,275.39	Level 4	\$144.99
		Level 5	\$269.91
Nursing Care – Per Day Charges		Physician Charges	
Level 1	\$310.83	Level 1	\$16.43
Level 2	\$435.17	Level 2	\$36.57
Level 3	\$560.55	Level 3	\$54.06
Level 4	\$932.51	Level 4	\$77.38
		Level 5	\$119.25
Operating Room Charges			
Level 1 (0-30 minutes)	\$2,330.76	Laboratory Charges	
(Each additional 15 minutes)	\$97.30	Basic Metabolic Profile	\$262.56
Level 2 (0-30 minutes)	\$3,174.24	BNPeptide	\$284.74
(Each additional 15 minutes)	\$160.10	CBC with auto diff	\$92.88
Level 3 (0-30 minutes)	\$3,513.12	Comprehensive Profile	\$459.49
(Each additional 15 minutes)	\$224.59	Creatinine	\$32.83
Level 4 (0-30 minutes)	\$4,789.37	Culture Blood (Base Charge)	\$161.68
(Each additional 15 minutes)	\$237.04	Culture Genital (Base Charge)	\$122.36
Level 5 (0-30 minutes)	\$4,980.58	Culture Strep A Screen (Base Charge)	\$58.40
(Each additional 15 minutes)	\$256.85	Culture Urine (Base Charge)	\$124.57
Endoscopies	\$3,006.49	Glucose	\$32.83
(I.e. Colonoscopies & EGDs)		Hemoglobin A1C	\$85.65
		Lactate, Plasma	\$111.79
Emergency Department Charges		Lipase	\$113.45
Facility Visit Charges		Lipid Profile	\$160.72
Level 1	\$159.36	Liver Panel	\$229.76
Level 2	\$205.64	Magnesium	\$114.00
Level 3	\$303.88	PSA	\$129.02
Level 4	\$844.82	PT	\$50.62
Level 5	\$1,101.29	PTT	\$66.18
Critical Care	\$1,660.50	Sed Rate	\$53.94
Physician Charges		SGPT/ALT	\$32.83
Level 1	\$98.58	T4, Free	\$145.71
Level 2	\$160.06	Troponin I	\$105.66
Level 3	\$237.44	TSH	\$129.02
Level 4	\$363.58	UCG, Urine pregnancy	\$57.28
Level 5	\$677.34	Uric Acid	\$49.49
Critical Care	\$903.65	Urine Drug Screen	\$248.03
		-	



800 West Main Street Coldwater, OH 45828 Telephone: 419-678-2341 **Revised: 5/2023**

\$87.12

OUR MOST COMMON CHARGES CONTINUED

(Laboratory Charges Continued)

Urine Screen with Reflex Micro	\$33.92
Venipuncture	\$18.36
Vitamin D 25-OH, Total	\$242.48

X-Ray and Radiological Charges

Bone Density	\$482.38
CT Abdomen with Contrast	\$1,788.82
CT Abdomen without Contrast	\$1,641.97
CT Abdomen with/without Contrast	\$1,949.82
CT Head without Contrast	\$1,339.03
CT Pelvis with Contrast	\$1,788.82
CT Pelvis without Contrast	\$1,626.20
CT Thorax with Contrast	\$1,462.49
Mammo Screening	\$229.67
Mammo Diagnostic	\$278.72
MRI Ankle without Contrast	\$2,144.53
MRI Brain without Contrast	\$2,144.53
MRI Cervical Spine without Contrast	\$2,144.53
MRI Knee without Contrast	\$2,144.53
MRI Lumbar Spine with/without Contrast	\$2,358.81
MRI Lumbar Spine without Contrast	\$2,144.53
MRI Shoulder without Contrast	\$2,144.53
Ultrasound Carotid Artery Complete	\$949.29
X-ray Abdomen 1 view/KUB	\$200.90
X-ray Abdomen Complete Series	\$304.65
X-ray Ankle – 3 views	\$306.87
X-ray Cervical Spine – 2/3 view	\$327.29
X-ray Chest PA & Lateral	\$295.28
X-ray Chest PA X-ray	\$226.29
X-ray Foot – 3 views	\$314.04
X-ray Hand – 3 view	\$306.87
X-ray Hip AP & Lateral	\$285.34
X-ray Lumbar Spine - 2/3 view	\$376.42
X-ray Lumbar Spine with Obliques	\$483.49
X-ray Pelvis	\$348.81
X-ray Shoulder Complete – 1 view	\$250.02
X-ray Shoulder Complete – 2+ views	\$331.70

С

Cardiology Charges	
Echo Complete	\$1,496.32
EKG	\$183.30
Stress Treadmill	\$897.74
Pulmonary Therapy Charges	
Arterial Puncture	\$33.92
Oximetry Single	\$67.32
Oxygen per Shift	\$147.90
Initial Inhaler Treatment	\$24.34
Subsequent Inhaler Treatment	\$19.24
Initial Nebulizer Treatment	\$63.92
Subsequent Nebulizer Treatment	\$50.35
Ventilator Per Hour	\$82.03
Pulmonary Function Testing (All PFT will also have interpretive fees from a pulmonologis)	t)
Spirometry	\$222.89
Pre/Post Spirometry	\$548.76
CO Diffusion	\$165.18
Plethysmography	\$182.17
Complete PFT	\$896.11
Physical Therapy Charges	
Electrical Stimulation	\$79.36
Therapeutic Exercise	\$107.67
Ultrasound	\$71.03
Gait Training	\$84.35
Evaluation – PT Low Intensity	\$150.95
Evaluation – PT Moderate Intensity	\$205.88
Evaluation – PT High Intensity	\$260.25
Manual Therapy	\$101.56
Neuromuscular Re-Education	\$84.90
Therapeutic Activities	\$89.90

Self Care Home Management