Procedure Pricing Samaritan Medical Center

In compliance with state law, UH Samaritan Medical Center is providing this price list containing our charges for room and board, emergency department, operating room, delivery, 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 January 1, 2025.

Room and Board		Cost
Semi private room rate	$	878.00
ICU room rate	$	4,055.00

ED		Cost
Emergency Department E&M Level 1	$	162.00
Emergency Department E&M Level 2	$	278.00
Emergency Department E&M Level 3	$	464.00
Emergency Department E&M Level 4	$	727.00
Emergency Department E&M Level 5	$	1,141.00
Immunization admin 1 single vac tox	$	51.00
ED Visit Critical Care Level	$	1,598.00
ED Visit Critical Care Level addl 30 min	$	459.00

Laboratory Services		Cost
Assay Quantitative, Blood Glucose	$	25.00
Complete CBC auto with auto diff	$	86.00
Comprehensive metabolic panel	$	116.00
Basic metabolic panel CA Total	$	80.00
Prothrombin time	$	40.00
Assay Troponin quant	$	154.00
Complete CBC	$	86.00
Assay of Lactic Acid	$	127.00
Venipuncture	$	32.00
Urinalysis auto w/microscopy	$	35.00
Magnesium	$	70.00
Urinalysis auto wo microscopy	$	63.00
Level IV surgical path exam	$	237.00
COVID-19	$	108.00
SARS-CoV-2 Flu A/B PCR	$	189.00
Lipase (LIPAS)(LIPFD)	$	81.00
Culture bacterl bld aerobic (BLDNB)(BLDC	$	234.00

Culture urine CC (URINC)	$	84.00
Surface marker each add'l	$	150.00
Natriuretice Peptide - BNP	$	350.00
D-dimer quant (DDM3)	$	99.00
Culture ID aerobic (IDAER)	$	104.00
Blood typing ABO	$	201.00
Blood typing RH D	$	70.00
Phosphorus inorganic serum	$	58.00
Thyroid TSH (TSH2) (TSHH2)	$	199.00
APTT (APTT) (APTTH)	$	75.00
RBC Antibody Screen	$	132.00
Hepatic function panel	$	71.00
Alcohol serum	$	78.00

Radiology services		Cost
Radiologic examination chest single view	$	315.00
Digital screening mammography with CAD	$	569.00
Screening digital breast tomosynthesis b	$	109.00
Radiologic examination chest 2 views	$	369.00
CT abdomen and pelvis w/contrast materia	$	4,078.00
CT Head wo contrast	$	2,206.00
Radiologic examination abdomen 1 view	$	235.00
CTA Chest w wo contrast	$	2,436.00
CT abdomen and pelvis w/o contrast mater	$	3,674.00
X-ray Shoulder Cmplt Min 2 Views	$	354.00
Foot cmplt min 3 views	$	303.00
Dexa 1 or more sites axial skeleton	$	356.00
Hip unilateral w/pelvis when done 2 - 3	$	410.00
CT Cervical spine wo contrast	$	1,725.00
US retroperitoneal complete	$	1,034.00
Knee Complete 4 Or More Views	$	343.00
US abdomen limited	$	943.00
Ankle complete min 3 views	$	303.00
Hand Min 3 Views	$	303.00
CT Chest, diagnostic; w and w/o contrast	$	2,874.00
CT Chest, diagnostic; wo contrast	$	1,996.00
Spine Lumbosacral Min 4 Views	$	537.00
US pelvic non ob complete	$	944.00
Wrist Complete Min 3 Views	$	303.00

Operating Room Services		Cost
OR complexity 1 base rate	$	1,588.00
OR complexity 1 per minute	$	79.00
OR complexity 2 base rate	$	2,384.00

OR complexity 2 per minute	$	98.00
OR complexity 3 base rate	$	3,113.00
OR complexity 3 per minute	$	121.00
OR complexity 4 base rate	$	4,046.00
OR complexity 4 per minute	$	129.00
OR complexity 5 base rate	$	5,056.00
OR complexity 5 per minute	$	144.00
OR complexity 6 base rate	$	6,177.00
OR complexity 6 per minute	$	152.00

Physical Therapy Services		Cost
PT Phase II 15 min chg	$	30.00
Mechanical traction therapy	$	147.00
Electric stimulation unattended	$	135.00
Ultrasound each 15 min	$	122.00
Therapeutic exercise ea 15min	$	144.00
Neuromuscular re ed ea 15 min in PT	$	146.00
Aqua therapy w exercise ea 15 min	$	157.00
Gait training therapy ea 15min	$	136.00
Manual therapy ea 15min	$	146.00
PT Evaluation: low complexity	$	354.00
PT Evaluation: moderate complexity	$	354.00
Therapeutic activities ea 15min	$	147.00
Self care home mgmt training ea 15 min	$	132.00

Occupational Therapy Services		Cost
Paraffin bath therapy in OT	$	109.00
Ultrasound ea 15 min in OT	$	127.00
Therapeutic exercise ea 15 min in OT	$	150.00
Neuromuscular re ed ea 15 min in OT	$	150.00
Manual therapy each 15 min in OT	$	146.00
OT evaluation: low complexity	$	349.00
OT evaluation: moderate complexity	$	366.00
Therapeutic activity ea 15 min in OT	$	147.00

Respiratory Therapy		Cost
Aerosol treatment	$	255.00
Spirometry without Bronchodilator	$	209.00
Pre//Post Spirometry	$	140.00
Pulmonary stress testing (6 minute walk	$	2,466.00
Arterial puncture for ABG by RT	$	89.00
Ventilation Assist Init Day IP/Observa	$	1,108.00
EZ PAP	$	393.00

Speech Therapy		Cost
Swallow/oral fctn treatment	$	491.00
Cognitive skills develop 1st 15 min SLP	$	126.00
Cognitive skills develop ea addl 15 min	$	126.00
Speech language treatment	$	355.00

If you received services at UH Samaritan Medical Center, your hospital charges are managed through the Central Business Office of University Hospitals.

Shortly after receiving services, you will receive your Personal Account Statement. The statement is generated and mailed to you at the same time your charges are submitted to your insurance carrier.

In addition to your hospital bill, you may receive separate bills from your physician or other professional service providers involved in your hospital care. If you have a question regarding your Hospital Based Physician Bill or would like to make payment, we ask that you contact them directly. Please refer to the Hospital Based Physician Information on this web site.