

Patient Pricing Information St John Medical Center

In compliance with state law, UH St. John 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
Room Rate Semi Private	\$	2,000.00
Intensive Care	\$	4,217.00
ICU Stepdown / Tele Room Rate 206	\$	2,994.00
Semi private OB/GYN room rate 121	\$	2,427.00
Nursery Level 1 171	\$	1,269.00

ED		Cost
EMERGENCY DEPARTMENT LEVEL 2 VISIT LOW/MODER SEVERITY	\$	654.00
EMERGENCY DEPARTMENT LEVEL 3 VISIT MODERATE SEVERITY	\$	1,090.00
EMERGENCY DEPARTMENT LEVEL 4 VISIT HIGH/URGENT SEVERITY	\$	1,711.00
EMERGENCY DEPARTMENT LEVEL 5 VISIT HIGH SEVERITY&THREAT FUNC	\$	2,688.00
CRITICAL CARE FIRST HOUR	\$	3,766.00
CRITICAL CARE ADDL 30 MIN	\$	850.00

Laboratory Services		Cost
ROUTINE VENIPUNCTURE	\$	29.00
COMPLETE CBC AUTOMATED	\$	116.00
COMPREHEN METABOLIC PANEL	\$	254.00
COMPLETE CBC W/AUTO DIFF WBC	\$	134.00
METABOLIC PANEL TOTAL CA	\$	158.00
ASSAY GLUCOSE BLOOD QUANT	\$	71.00
ASSAY OF TROPONIN QUANT	\$	172.00
ASSAY OF MAGNESIUM	\$	93.00
ASSAY OF LACTIC ACID - LACTATE	\$	104.00
PROTHROMBIN TIME	\$	49.00
SARS-COV-2 COVID-19 COVID-19 ANTIBODY TITER, IGG AND IGM	\$	125.00
RENAL FUNCTION PANEL	\$	241.00
URINALYSIS AUTO W/SCOPE	\$	158.00
REAGENT STRIP/BLOOD GLUCOSE	\$	30.00
URINALYSIS AUTO W/O SCOPE	\$	33.00
SARSCOV2 & INF A&B AMP PRB	\$	384.00
ASSAY OF CALCIUM, TOTAL - CALCIUM	\$	67.00
ASSAY OF LIPASE	\$	146.00

ASSAY OF SERUM POTASSIUM	\$	77.00
ASSAY OF NATRIURETIC PEPTIDE B-TYPE NATRIURETIC PEPTIDE (BNP)	\$	264.00
ASSAY OF SERUM SODIUM	\$	73.00
ASSAY OF BLOOD CHLORIDE	\$	55.00
HEMOGLOBIN	\$	67.00
THROMBOPLASTIN TIME PARTIAL-APTT	\$	100.00
HC BLOOD GASES: PH, PO2 & PCO2 - BLOOD GAS ARTERIAL	\$	320.00
URINE CULTURE/COLONY COUNT	\$	162.00
BLOOD CULTURE FOR BACTERIA	\$	193.00
ASSAY THYROID STIM HORMONE	\$	175.00
HEPATIC FUNCTION PANEL	\$	182.00

Radiology Services		Cost
X-RAY EXAM OF FEMUR 2/>	\$	386.00
X-RAY EXAM CHEST 3 VIEW	\$	641.00
X-RAY EXAM OF SHOULDER 2 VIEW	\$	591.00
X-RAY EXAM OF KNEE 3 VIEW	\$	539.00
X-RAY EXAM OF FOOT	\$	538.00
X-RAY EXAM OF ANKLE	\$	509.00
X-RAY EXAM KNEE 4 OR MORE	\$	652.00
X-RAY EXAM OF WRIST	\$	591.00
X-RAY EXAM OF HAND	\$	553.00
X-RAY EXAM OF KNEE 1 OR 2	\$	363.00
X-RAY EXAM ABDOMEN	\$	605.00
X-RAY EXAM OF ELBOW	\$	592.00
X-RAY EXAM OF PELVIS 2/3 VIEW	\$	560.00
X-RAY EXAM L-S SPINE 2/3 VIEWS	\$	563.00
X-RAY EXAM NECK	\$	449.00
CT ANGIOGRAPY OF CHEST	\$	2,757.00
CT ABD & PELV W/CONTRAST	\$	3,197.00
CT ABD & PELVIS W/O CONTRAST	\$	3,101.00
CT THORAX W/CONTRAST	\$	2,240.00
CT CERVICAL SPINE W/O CONTRAST	\$	2,011.00
ULTRASOUND BREAST LIMITED	\$	613.00
BREAST TOMOSYNTHESIS BI	\$	105.00
SCREENING MAMMOGRAPY	\$	653.00
DXA BONE DENSITY AXIAL	\$	619.00

Operating Room Services		Cost
OR LEVEL 1 - Base Rate	\$	1,589.00
OR LEVEL 1 - Per Min Rate	\$	80.00
OR LEVEL 2 - Base Rate	\$	2,384.00
OR LEVEL 2 - Per Min Rate	\$	98.00
OR LEVEL 3 - Base Rate	\$	3,114.00

OR LEVEL 3 - Per Min Rate	\$	121.00
OR LEVEL 4 - Base Rate	\$	4,047.00
OR LEVEL 4 - Per Min Rate	\$	129.00
OR LEVEL 5 - Base Rate	\$	5,058.00
OR LEVEL 5 - Per Min Rate	\$	145.00

Physical Therapy Services		Cost
Gait training therapy ea 15min	\$	178.00
Manual therapy ea 15min	\$	178.00
Neuromuscular re ed ea 15 min in PT	\$	178.00
PT Evaluation: low complexity	\$	306.00
PT Evaluation: moderate complexity	\$	306.00
Therapeutic Exercises each 15min	\$	184.00

Occupational Therapy Services		Cost
Self care mgmt training each 15 min in OT	\$	178.00
Therapeutic exercise ea 15 min in OT	\$	184.00

Pulmonary Therapy		Cost
RT VENT MGMT, INPATIENT, INITIAL DAY	\$	1,779.00
RT VENT MGMT, INPATIENT, SUBQ DAY	\$	1,460.00
Aerosol treatment	\$	255.00
Continuous Positive Airway Pressure Ventilation (Cpap)	\$	738.00
Measure Blood Oxygen Level	\$	396.00

If you received services at UH St. John 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.