



Patient Price Information List
January 1, 2012
X-Ray Procedures

<i>Procedure Description</i>	<i>Price</i>
<i>RADIOLOGY</i>	
ABD ACUTE SERIES WITH PA CHEST	609.00
ABD SINGLE VIEW	289.00
CHEST PA & LATERAL	471.00
LUMBAR SPINE 2/3 VIEWS	667.00
KNEE 3 VIEW (SINGLE LEG)	360.00
SHOULDER BILATERAL 2 OR MORE VIEWS	423.00
FOOT THREE OR MORE VIEWS	328.00
HAND THREE OR MORE VIEWS	328.00
ANKLE THREE OR MORE VIEWS	393.00
US ABDOMEN	983.00
US PELVIS	851.00
<i>CT SCANS</i>	
CT ABDOMEN WITHOUT/WITH CONTRAST	1,966.00
CT CHEST WITHOUT/WITH CONTRAST	2,045.00
CT HEAD WITHOUT/WITH CONTRAST	1,837.00
CT PELVIS WITHOUT/WITH CONTRAST	2,433.00
CT EXTREMITY WITHOUT/WITH CONTRAST	1,750.00
CT ABDOMEN AND PELVIS WITHOUT/WITH CONTRAST	5,421.00
<i>MRI</i>	
MRI BRAIN WITH CONTRAST	3,185.00
MRI BRAIN WITHOUT CONTRAST	2,748.00
MRI BRAIN WITHOUT/WITH CONTRAST	4,499.00
<i>MAMMOGRAPHY</i>	
MAMMOGRAPHY SCREENING	212.00
MAMMOGRAPHY DIAGNOSTIC	373.00

Please note: The prices listed are at our standard rate for each line item charge.

Your actual bill may vary with charges for contrast and supplies specific to your case.

If you have insurance, including Medicare or Medicaid plans, the amount you pay out of pocket will be lower depending on your insurance plan's contracted rate, your specific benefit plan, and which hospital you choose.

If you do not have insurance, you will qualify for one of our discount programs. For specific program information, please contact one of our Financial Counselors at any of the numbers below:

Grandview Hospital	937-723-4072
Kettering Medical Center	937-298-3399 ext 55838
Kettering Medical Center-Sycamore	937-866-0551 ext 46172
Southview Hospital	937-401-6190
Greene Memorial Hospital	937-352-2421
Fort Hamilton Hughes	513-867-4178
Soin	937-352-2100

**** These Prices apply to Kettering, Grandview, Sycamore, and Southview Hospitals and all associated affiliates****