



***Patient Price Information List***  
***January 1, 2010***  
*Laboratory Procedures*

<b><i>Procedure Description</i></b>		<b><i>Price</i></b>
<b><i>LABORATORY TESTS</i></b>		
ARTERIAL BLOOD GASES	**	\$201.00
CREATININE BLOOD	**	\$43.75
GLUCOSE RANDOM	**	\$53.75
HBA 1C-GLYCOHEMOGLOBIN	**	\$225.00
MAGNESIUM SERUM	**	\$122.50
PHOSPHORUS SERUM	**	\$69.25
ELECTROLYTE PANEL	**	\$154.25
BASIC METABOLIC PANEL	**	\$201.00
COMPREHENSIVE METABOLIC PANEL	**	\$277.25
HEPATIC/LIVER FUNCTION PANEL	**	\$215.00
LIPID PROFILE PANEL	**	\$250.25
RENAL PANEL	**	\$215.00
CPK /CREATINE PHOSPHOKINASE	**	\$101.75
CPK ISOENZYMES	**	\$152.50
TROPONIN I	**	\$182.25
TSH (THYROID STIMULAT HORMONE)	**	\$181.00
<b><i>BLOOD COUNTS</i></b>		
CBC /COMPLETE BLOOD COUNT	**	\$124.75
HEMATOCRIT	**	\$42.25
HEMOGLOBIN	**	\$42.25
PROTHROMBIN TIME	**	\$69.75
PTT /PARTIAL THROMBOPLAST TIM	**	\$195.00
<b><i>URINALYSIS</i></b>		
URINALYSIS ROUTINE W/O MICRO		\$35.50
URINALYSIS ROUTINE WITH MICRO		\$50.75
<b><i>MICROBIOLOGY</i></b>		
CULTURE BLOOD		\$216.50
CULTURE, URINE WITH COLONY		\$140.00
GRAM STAIN WITH CULTURE		\$101.75
<b><i>BLOOD</i></b>		
ABO BLOOD GROUP		55.25
CROSSMATCH		\$141.50
RHO D TYPE		\$89.25

\*\* BLOOD DRAWING CHARGE may also be charged once/day

\$29.00

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

**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.

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

**\*\* These Prices apply to Kettering, Grandview, Sycamore, and Southview Hospitals and all affiliated associates \*\***