



The table below provides the historical range of charges for the most commonly used inpatient and outpatient services at Holy Cross Hospital, and the average charge for the service. This table is updated quarterly and is based on the patient charges actually incurred for these services during the past three months and may be used by patients to estimate the charge for services that they may incur. The actual charges for services received may be higher or lower depending on the level of care provided, medical supplies used, pharmacy items administered, and other services provided to the patient. Please contact our Financial Counseling Office via email for assistance or for services not listed below at sshsfincounseling@holycrosshealth.org or at 301-754-7195. The amounts below reflect hospital charges, only. Holy Cross Hospital does not employ the physicians who practice at the hospital, and each physician group that provides service to you will charge you separately for their services. Please contact these physician groups directly for charge estimates (see Page 3.)

Charges for Common Inpatient Surgical Procedures as of December 2024			
Date Range: 10/01/2024- 12/31/2024	Price Range		
General Surgery Procedures	Minimum	Maximum	Average
Laparoscopic Appendectomy	\$7,825	\$29,371	\$13,463
Laparoscopic Cholecystectomy	\$9,013	\$35,818	\$16,531
Laparoscopic Gastric Bypass	\$20,471	\$35,208	\$27,916
Gynecology Procedures	Minimum	Maximum	Average
Abdominal Myomectomy	\$10,805	\$25,656	\$17,280
Total Abdominal Hysterectomy w/ & w/o Removal of Tube/Ovary	\$12,011	\$43,907	\$21,623
Obstetric Procedures	Minimum	Maximum	Average
Cesarean Section w/o Complication	\$7,492	\$18,990	\$10,432
Cesarean Section w/ Complication	\$7,877	\$22,001	\$11,977
Vaginal Delivery w/o Complication	\$8,257	\$16,008	\$10,710
Vaginal Delivery w/ Complication	\$8,448	\$20,789	\$11,808
Orthopedic Procedures	Minimum	Maximum	Average
ORIF- Upper Femur	\$16,036	\$79,212	\$30,012
Charges for Common Outpatient Surgical Procedures as of December 2024			
Date Range: 10/01/2024 – 12/31/2024	Price Range		
Gastroenterology Procedures	Minimum	Maximum	Average
Colonoscopy w/ Biopsy	\$1,987	\$3,660	\$2,786
Colonoscopy w/ Snare Polypectomy	\$2,428	\$3,981	\$2,876
Esophagogastroduodenoscopy (EGD)	\$1,931	\$9,483	\$4,701
EGD w/ Biopsy	\$2,136	\$7,600	\$3,889
Endoscopic Retrograde Cholangiopancreatography (ERCP)	\$4,374	\$9,097	\$5,735
Screening Colonoscopy	\$1,879	\$4,692	\$2,525
Transendoscopic Ultrasound-Guided Fine Needle Biopsy	\$3,804	\$7,304	\$5,677
General Surgery Procedures	Minimum	Maximum	Average
Complete Mastectomy	\$8,720	\$35,554	\$21,885
Inguinal Hernia Repair	\$4,092	\$11,577	\$6,304
Laparoscopic Appendectomy	\$5,001	\$10,722	\$8,225
Laparoscopic Cholecystectomy	\$5,644	\$14,195	\$8,594
Laparoscopic Gastric Bypass (Roux-En-Y)	\$12,885	\$30,938	\$20,152
Laparoscopic Inguinal Hernia Repair	\$7,073	\$13,491	\$9,847
Laparoscopic Sleeve Gastrectomy	\$11,315	\$16,418	\$13,890
Partial Mastectomy	\$5,533	\$18,369	\$10,726
Gynecology Procedures	Minimum	Maximum	Average
Hysteroscopic Myomectomy	\$6,161	\$11,066	\$7,879
Hysteroscopy w/ Biopsy	\$3,789	\$8,465	\$6,345
Laparoscopic Adnexal Surgery	\$6,757	\$13,846	\$9,762
Laparoscopic Ovarian Cystectomy	\$6,881	\$15,298	\$10,119
Total Abdominal Hysterectomy	\$11,222	\$24,442	\$17,631
Total Laparoscopic Hysterectomy	\$8,447	\$18,337	\$12,745

Interventional Radiology Procedures	Minimum	Maximum	Average
Abdominal Paracentesis	\$2,192	\$10,318	\$4,669
Fine Needle Aspiration Biopsy Procedures	\$1,394	\$2,944	\$1,947
Orthopedic Procedures	Minimum	Maximum	Average
Total Hip Arthroplasty	\$17,598	\$26,639	\$21,574
Total Knee Arthroplasty	\$15,398	\$21,315	\$18,039
Pulmonary Procedures	Minimum	Maximum	Average
Diagnostic Bronchoscopy	\$2,968	\$13,806	\$7,856
Urology Procedures	Minimum	Maximum	Average
Cystourethroscopy w/ Insertion of Ureteral Stent	\$2,043	\$9,431	\$5,677
Cystourethroscopy w/ Lithotripsy & Insertion of Ureteral Stent	\$4,732	\$8,592	\$6,731
Vascular Procedures	Minimum	Maximum	Average
Arteriovenous Fistula Creation for Renal Dialysis	\$6,134	\$7,978	\$6,805
Lower Extremity Angiography	\$6,570	\$35,328	\$15,953

Charges for Common Laboratory Services as of December 2024

Date Range: 10/01/2024-12/31/2024	Price Range		
Laboratory Procedure	Minimum	Maximum	Average
Antibody Screen RBC	\$24	\$25	\$24
Basic Metabolic Panel (Calcium Total)	\$22	\$23	\$22
Blood Alcohol Concentration Test	\$60	\$61	\$61
Blood Clotting Test - Prothrombin Time (PT)	\$16	\$16	\$16
Blood Draw - Venipuncture *	\$16	\$16	\$16
Blood Type Test - ABO	\$8	\$8	\$8
Blood Type Test - RH (D)	\$8	\$8	\$8
Cardiac Test - Troponin	\$50	\$51	\$51
CBC	\$16	\$16	\$16
CBC with Differential	\$20	\$20	\$20
Comprehensive Metabolic Panel	\$30	\$31	\$30
Glycohemoglobin (HGB A1C)	\$40	\$41	\$41
Lipase	\$16	\$16	\$16
Magnesium	\$12	\$12	\$12
Phosphorus	\$4	\$4	\$4
Pregnancy Test (HCG Qualitative Blood test)	\$20	\$20	\$20
Pregnancy Test (HCG Quantitative Blood test)	\$48	\$49	\$49
Respiratory Pathogen Panel Test (COVID-19/Influenza/RSV)	\$143	\$143	\$143
Thyroid Stimulating Hormone	\$30	\$31	\$30
Urinalysis (UA) w/ Microscopic Analysis	\$18	\$18	\$18
Urinary Tract Infection Test	\$40	\$41	\$41

Charges for Common Radiology Services as of December 2024

Date Range: 10/01/2024-12/31/2024	Price Range		
CAT Scans	Minimum	Maximum	Average
CAT Scan Abdomen & Pelvis w/ Contrast	\$314	\$320	\$317
CAT Scan Angiography Chest w/o & w/ Contrast	\$298	\$305	\$302
CAT Scan Cervical Spine w/o Contrast	\$187	\$191	\$189
CAT Scan Head/Brain w/o Contrast	\$106	\$108	\$107

Diagnostic Radiology	Minimum	Maximum	Average
X-Ray Chest 2 Views	\$83	\$85	\$84
X-Ray Chest 1 View	\$67	\$68	\$67
X-Ray Lumbosacral Spine 2-3 Views	\$117	\$119	\$118
MRA/MRI	Minimum	Maximum	Average
MRA Head w/o Contrast	\$727	\$741	\$734
MRA Neck w/o Contrast	\$734	\$749	\$742
MRI Brain w/o Contrast	\$344	\$351	\$347
MRI Brain w/o & w/ Contrast	\$578	\$590	\$584
Nuclear Medicine	Minimum	Maximum	Average
Nuclear Medicine Lymph System Scan	\$1,875	\$1,913	\$1,896
Nuclear Medicine Pulmonary Ventilation/Perfusion	\$1,767	\$1,803	\$1,786
Nuclear Medicine	Minimum	Maximum	Average
Duplex Ultrasound - Abdomen/Pelvis/Retroperitoneal Limited	\$584	\$595	\$590
Ultrasound Abdomen Limited	\$300	\$306	\$303
Ultrasound Early Pregnancy	\$250	\$255	\$253
Ultrasound Fetal Biophysical Profile (BPP)	\$233	\$238	\$236
Ultrasound Pregnancy Transvaginal	\$283	\$289	\$286
Ultrasound Pregnancy >=14 weeks Single/First Gestation	\$433	\$442	\$438
Ultrasound Pelvis Non-Obstetric Complete	\$350	\$357	\$354
Ultrasound Transvaginal Non-Pregnant	\$417	\$425	\$421

*A venipuncture is charged each time blood is drawn for any blood-based lab test. This is charged once per day for inpatient stays, and once per visit for outpatients, in addition to the charges for the lab tests.

Fees for professional services you received at the hospital from hospital-based physicians and other healthcare providers such as physician assistants, nurse practitioners, etc. will be billed separately to you and are not part of hospital charges. If you have questions regarding their bills, please contact the following:

<p>Anesthesiologists, US Anesthesia Partners 888-339-8727</p> <p>Cardiologists, Associates in Cardiology 301-681-5700</p> <p>ER Physicians, Silver Spring Emergency Physicians Billing Group: US Acute Care Solutions 855-687-0618</p> <p>Hospitalists Billing Group: US Acute Care Solutions 855-687-0618</p> <p>Intensivists, Capital Critical Care, LLC Maximus Medical Billing, LLC 301-774-1320</p>	<p>Neonatologists, Community Neonatal Associates 240-566-1600</p> <p>Perinatologists, Greater Washington Maternal Fetal Medicine 202-741-3560</p> <p>Radiologists, Professional Services of Holy Cross 833-961-2458</p> <p>Pathologists, Pathology Assoc. of Silver Spring Billing Group: Ventra Health 972-861-1270</p> <p>Other Healthcare Providers, Professional Services of Holy Cross 833-961-2458</p>
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