

The table below provides the historical range of charges for the most commonly used inpatient and outpatient services at Holy Cross Germantown Hospital, and the average charge for the service. This table is updated quarterly and is based on 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) 557-6195.

The amounts below reflect hospital charges only. Holy Cross Germantown 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 September 2025			
Date Range: 07/01/2025 – 9/30/2025	Price Range		
Obstetric Procedures	Minimum	Maximum	Average
Cesarean Section w/o Complications	\$7,094	\$15,650	\$11,178
Cesarean Section w/ Complications	\$6,579	\$23,913	\$15,065
Vaginal Delivery w/o Complications	\$8,275	\$18,598	\$12,659
Vaginal Delivery w/ Complications	\$7,937	\$17,474	\$12,271
Charges for Common Outpatient Procedures as of September 2025			
Date Range: 07/01/2025 – 9/30/2025	Price Range		
Ear, Nose & Throat Procedures	Minimum	Maximum	Average
Dental Surgery Procedure	\$5,161	\$9,915	\$7,268
Gastroenterology Procedures	Minimum	Maximum	Average
Colonoscopy w/ Biopsy	\$2,708	\$5,218	\$3,835
Colonoscopy w/ Snare Polypectomy	\$2,646	\$7,035	\$4,311
Esophagogastroduodenoscopy (EGD) w/ Biopsy	\$2,510	\$8,727	\$4,061
Screening Colonoscopy	\$2,319	\$4,092	\$3,072
General Surgery Procedures	Minimum	Maximum	Average
Laparoscopic Appendectomy	\$7,443	\$11,933	\$10,145
Laparoscopic Cholecystectomy	\$7,415	\$16,265	\$11,476
Interventional Radiology Procedures	Minimum	Maximum	Average
Abdominal Paracentesis	\$2,396	\$11,474	\$6,052
Thoracentesis	\$846	\$11,127	\$3,745
Orthopedic Procedures	Minimum	Maximum	Average
Total Hip Arthroplasty	\$20,505	\$32,846	\$26,536
Total Knee Arthroplasty	\$21,158	\$34,600	\$26,748
Spine Procedures	Minimum	Maximum	Average
Lumbar Spinal Fusion	\$62,087	\$87,641	\$78,035
Urology Procedures	Minimum	Maximum	Average
Cystourethroscopy w/ Lithotripsy & Insertion of Ureteral Stent	\$6,366	\$22,206	\$9,891
Cystourethroscopy w/ removal of foreign body, bladder or ureteral stent	\$2,326	\$4,116	\$3,273

Charges for Common Laboratory Services as of September 2025

Date Range: 07/01/2025 - 09/30/2025	Price Range		
Laboratory Procedure	Minimum	Maximum	Average
Antibody Screen RBC	\$22	\$26	\$23
Basic Metabolic Panel (Calcium Total)	\$20	\$24	\$22
Blood Alcohol Concentration Test	\$55	\$65	\$59
Blood Draw - Venipuncture	\$15	\$17	\$16
Blood Clotting Test - Prothrombin Time (PT)	\$15	\$17	\$16
Blood Type Test - ABO	\$7	\$9	\$8
Blood Type Test - RH Factor	\$7	\$9	\$8
Cardiac Test - Troponin	\$46	\$54	\$49
CBC	\$15	\$17	\$16
CBC with Differential	\$18	\$22	\$20
Comprehensive Metabolic Panel	\$28	\$32	\$29
COVID-19 Test	\$46	\$54	\$49
Lipase	\$15	\$17	\$16
Magnesium	\$11	\$13	\$12
Pregnancy Test (HCG - Qualitative Blood test)	\$18	\$22	\$20
Presumptive Drug Screening Test	\$103	\$120	\$109
Respiratory Pathogen Panel Test	\$417	\$645	\$644
Urinalysis (UA) w/ Microscopic Analysis	\$17	\$19	\$18
Urinary Tract Infection Test	\$37	\$43	\$39
Urine Fentanyl Test	\$15	\$17	\$16

Charges for Common Radiology Services as of September 2025

Date Range: 07/01/2025 - 09/30/2025	Price Range		
CAT Scans	Minimum	Maximum	Average
CAT Scan Abdomen & Pelvis w/o Contrast	\$176	\$202	\$190
CAT Scan Abdomen & Pelvis w/ Contrast	\$340	\$392	\$369
CAT Scan Angiography Chest w/o & w/ Contrast	\$324	\$373	\$350
CAT Scan Cervical Spine w/o Contrast	\$203	\$234	\$220
CAT Scan Head/Brain w/o Contrast	\$115	\$133	\$125
Diagnostic Radiology	Minimum	Maximum	Average
X-Ray Chest 2 Views	\$90	\$111	\$102
X-Ray Chest 1 View	\$72	\$89	\$82
X-Ray Lumbosacral Spine 2-3 Views	\$126	\$155	\$144
X-Ray Right Hand >= 3 Views	\$108	\$133	\$124
MRA/MRI	Minimum	Maximum	Average
MRA Head w/o Contrast	\$611	\$855	\$764
MRA Neck w/o Contrast	\$617	\$864	\$770
MRI Lumbar Spine w/o Contrast	\$276	\$386	\$335
MRI Brain w/o Contrast	\$289	\$405	\$359
Nuclear Medicine	Minimum	Maximum	Average
Nuclear Medicine Pulmonary Perfusion	\$1,291	\$1,293	\$1,293

Ultrasound	Minimum	Maximum	Average
Duplex Ultrasound - Abdomen/Pelvis/Retroperitoneal Limited	\$628	\$775	\$717
Ultrasound Abdomen Limited	\$323	\$398	\$367
Ultrasound Early Pregnancy	\$269	\$332	\$307
Ultrasound Pelvis Non-Obstetric Complete	\$377	\$465	\$431
Ultrasound Pregnancy Transvaginal	\$305	\$376	\$349
Ultrasound Transvaginal Non-Pregnant	\$449	\$553	\$510
Venous Duplex Ultrasound - Both Legs	\$826	\$1,018	\$929
Venous Duplex Ultrasound - Right Leg	\$503	\$620	\$575

*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 P.A. Cardiac Associates 301-681-5700 301-670-3000</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 Billing Group: US Acute Care Solutions 855-687 -0618</p>	<p>Neonatologists, Community Neonatal Associates 240-566-1600</p> <p>Perinatologists, Greater Washington Maternal Fetal Medicine 201-741-3560</p> <p>Radiologists, Professional Services of Holy Cross 833-961-2458</p> <p>Pathologists, Pathology Assoc. of Silver Spring Billing Group: Ventra Health 972-861-7270</p> <p>Other Healthcare Providers, Professional Services of Holy Cross 833-961-2458</p>
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