**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**](mailto: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 March 2024** | | | |
| **Date Range: 01/01/2024 - 03/31/2024** | **Price Range** | | |
| **Obstetric Procedures** | **Minimum** | **Maximum** | **Average** |
| Cesarean Section w/o Complications | $4,914 | $10,571 | $6,723 |
| Cesarean Section w/ Complications | $5,186 | $13,790 | $8,241 |
| Vaginal Delivery w/o Complications | $4,921 | $9,694 | $6,648 |
| Vaginal Delivery w/ Complications | $5,003 | $10,025 | $7,142 |
| **Orthopedic Procedures** | **Minimum** | **Maximum** | **Average** |
| Hip Partial Hemiarthroplasty | $20,636 | $37,809 | $26,854 |
| Revision of Total Knee Replacement | $11,880 | $93,754 | $59,055 |
| Total Hip Replacement | $16,694 | $24,998 | $20,913 |
| Total Knee Replacement | $20,428 | $37,836 | $30,669 |
| **Charges for Common Outpatient Procedures as of March 2024** | | | |
| **Date Range: 01/01/2024 - 03/31/2024** | **Price Range** | | |
| **Ear, Nose & Throat Procedures** | **Minimum** | **Maximum** | **Average** |
| Dental Surgery Procedure | $4,776 | $9,687 | $6,763 |
| **Gastroenterology Procedures** | **Minimum** | **Maximum** | **Average** |
| Colonoscopy w/ Snare Polypectomy | $1,445 | $4,537 | $3,454 |
| Colonoscopy w/ Biopsy | $2,288 | $6,590 | $3,924 |
| Esophagogastroduodenoscopy (EGD) w/ Biopsy | $2,314 | $9,383 | $4,129 |
| **General Surgery Procedures** | **Minimum** | **Maximum** | **Average** |
| Laparoscopic Cholecystectomy | $6,445 | $14,148 | $8,974 |
| **Interventional Radiology Procedures** | **Minimum** | **Maximum** | **Average** |
| Abdominal Paracentesis | $2,498 | $11,673 | $6,941 |
| **Orthopedic Procedures** | **Minimum** | **Maximum** | **Average** |
| Lapidus Type Bunionectomy | $15,527 | $43,655 | $29,686 |
| Total Hip Arthroplasty | $18,143 | $24,575 | $20,702 |
| Total Knee Arthroplasty | $15,787 | $22,680 | $19,773 |

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| **Charges for Common Laboratory Services as of March 2024** | | | |
| **Date Range: 01/01/2024 - 03/31/2024** | **Price Range** | | |
| **Laboratory Procedure** | **Minimum** | **Maximum** | **Average** |
| Antibody Screen RBC | $19 | $25 | $24 |
| Basic Metabolic Panel (Calcium Total) | $17 | $23 | $21 |
| Blood Draw - Venipuncture | $13 | $17 | $16 |
| Blood Alcohol Concentration Test | $47 | $62 | $59 |
| Blood Clotting Test - D-Dimer Test | $24 | $31 | $29 |
| Blood Clotting Test - Prothrombin Time (PT) | $13 | $17 | $16 |
| Blood Type Test - ABO | $6 | $8 | $8 |
| Blood Type Test - RH Factor | $6 | $8 | $8 |
| Cardiac Test - Troponin | $40 | $52 | $49 |
| CBC with Differential | $16 | $21 | $20 |
| Comprehensive Metabolic Panel | $24 | $31 | $29 |
| COVID-19 Test | $36 | $48 | $45 |
| Direct Bilirubin Test | $10 | $12 | $12 |
| Drug Screen Test | $89 | $116 | $110 |
| Lipase | $13 | $17 | $16 |
| Magnesium | $10 | $12 | $12 |
| Pregnancy Test (HCG - Qualitative Blood test) | $16 | $21 | $20 |
| Thyroid Stimulating Hormone | $24 | $31 | $29 |
| Urinalysis (UA) w/ Microscopic Analysis | $14 | $19 | $18 |
| Urinary Tract Infection Test | $32 | $41 | $39 |
| **Charges for Common Radiology Services as of March 2024** | | | |
| **Date Range: 01/01/2024 - 03/31/2024** | **Price Range** | | |
| **CAT Scans** | **Minimum** | **Maximum** | **Average** |
| CAT Scan Abdomen & Pelvis w/o Contrast | $139 | $182 | $172 |
| CAT Scan Abdomen & Pelvis w/ Contrast | $269 | $352 | $333 |
| CAT Scan Angiography Chest w/o & w/ Contrast | $256 | $335 | $318 |
| CAT Scan Cervical Spine w/o Contrast | $161 | $210 | $198 |
| CAT Scan Head/Brain w/o Contrast | $91 | $119 | $113 |
| **Diagnostic Radiology** | **Minimum** | **Maximum** | **Average** |
| X-Ray Chest 2 Views | $75 | $98 | $91 |
| X-Ray Chest 1 View | $60 | $78 | $74 |
| X-Ray Full Mouth Dental | $165 | $216 | $203 |
| X-Ray Lumbar Spine 2-3 Views | $105 | $137 | $130 |
| **MRA/MRI** | **Minimum** | **Maximum** | **Average** |
| MRA Head w/o Contrast | $542 | $710 | $666 |
| MRA Neck w/o Contrast | $548 | $718 | $673 |
| MRI Abdomen w/o Contrast | $426 | $557 | $527 |
| MRI Brain w/o Contrast | $257 | $336 | $317 |
| **Nuclear Medicine** | **Minimum** | **Maximum** | **Average** |
| Nuclear Medicine Pulmonary Perfusion | $1,137 | $1,489 | $1,404 |
| **Ultrasound** | **Minimum** | **Maximum** | **Average** |
| Duplex Ultrasound - Abdomen/Pelvis/Retroperitoneal Limited | $525 | $687 | $648 |
| Ultrasound Abdomen Complete | $345 | $495 | $474 |
| Ultrasound Abdomen Limited | $270 | $353 | $334 |
| Ultrasound Early Pregnancy | $225 | $294 | $279 |
| Ultrasound Pelvis Non-Obstetric Complete | $315 | $412 | $390 |
| Ultrasound Pregnancy Transvaginal | $255 | $334 | $317 |
| Ultrasound Transvaginal Non-Pregnant | $375 | $490 | $465 |
| Venous Duplex Ultrasound - Left Leg | $420 | $549 | $522 |

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\*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:**

|  |  |
| --- | --- |
| **Anesthesiologists, Holy Cross Anesthesia Associates**  Billing Group : Medac  800- 394- 4445  **Cardiologists, Forest Glen Cardiology**  804-202-1190  **ER Physicians, Silver Spring Emergency Physicians**  Billing Group: US Acute Care Solutions  855-687 -0618  **Hospitalists, TeamHealth**  866–661–7868    **Intensivists, Capital Critical Care, LLC**  Maximus Medical Billing, LLC  301-774-1320 | **Neonatologists, Community Neonatal Associates**  240-566-1600  **Perinatalogists, Greater Washington Maternal Fetal Medicine**  201-741-3560  **Radiologists, Diagnostic Medical Imaging Associates**  866-953-5869  **Pathologists, Pathology Assoc. of Silver Spring**  Billing Group: ABEO  240-566-1603  **Other Healthcare Providers, Professional Services of Holy Cross Hospital**  Billing Group: Meridian Financial Management  443-274-2900 or 888-429-5380 |

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