**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**

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| **Charges for Common Inpatient Surgical Procedures as of March 2024** |
| **Date Range: 01/01/2024- 03/31/2024** | **Price Range** |
| **General Surgery Procedures** | **Minimum** | **Maximum** | **Average** |
| Laparascopic Appendectomy | $8,627 | $14,046 | $11,199 |
| Laparoscopic Cholecystectomy | $11,130 | $28,059 | $19,001 |
| Laparoscopic Gastric Bypass | $16,157 | $32,617 | $27,495 |
| Laparoscopic Sleeve Gastrectomy | $16,378 | $25,747 | $20,231 |
| **Gynecology Procedures** | **Minimum** | **Maximum** | **Average** |
| Abdominal Myomectomy | $12,032 | $26,393 | $17,180 |
| Total Abdominal Hysterectomy w/ & w/o Removal of Tube/Ovary | $11,793 | $27,419 | $17,516 |
| **Obstetric Procedures** | **Minimum** | **Maximum** | **Average** |
| Cesarean Section w/o Complication | $6,599 | $16,090 | $9,000 |
| Cesarean Section w/ Complication | $6,925 | $33,571 | $10,876 |
| Vaginal Delivery w/o Complication | $6,689 | $12,868 | $8,719 |
| Vaginal Delivery w/ Complication | $6,919 | $17,229 | $9,539 |
| **Orthopedic Procedures** | **Minimum** | **Maximum** | **Average** |
| ORIF- Upper Femur | $12,720 | $36,312 | $26,628 |
| Partial Hip Replacement | $25,270 | $47,444 | $30,685 |
| **Spine Procedures** | **Minimum** | **Maximum** | **Average** |
| Multiple Cervical Spinal Fusion | $29,857 | $105,310 | $53,616 |
| Multiple Lumber Spinal Fusion | $59,225 | $128,349 | $85,221 |
| **Charges for Common Outpatient Surgical Procedures as of March 2024** |
| **Date Range: 01/01/2024 - 03/31/2024** | **Price Range** |   |
| **Gastroenterology Procedures** | **Minimum** | **Maximum** | **Average** |
| Colonoscopy w/ Biopsy | $2,291 | $4,301 | $2,824 |
| Colonoscopy w/ Snare Polypectomy | $2,541 | $4,241 | $3,084 |
| EGD w/ Biopsy | $2,295 | $8,968 | $3,821 |
| Screening Colonoscopy | $1,977 | $3,725 | $2,477 |
| **General Surgery Procedures** | **Minimum** | **Maximum** | **Average** |
| Laparoscopic Appendectomy | $6,312 | $12,960 | $8,959 |
| Laparoscopic Cholecystectomy | $5,990 | $12,437 | $8,800 |
| Laparscopic Gastric Bypass (Roux-En-Y)  | $14,050 | $26,991 | $19,186 |
| Laparoscopic Inguinal Hernia Repair | $7,841 | $14,905 | $9,959 |
| Laparoscopic Sleeve Gastrectomy | $13,893 | $18,758 | $16,005 |
| Partial Mastectomy | $4,409 | $16,493 | $10,937 |
| **Gynecology Procedures** | **Minimum** | **Maximum** | **Average** |
| Hysteroscopic Myomectomy | $6,794 | $12,143 | $8,718 |
| Hysteroscopy w/ Biopsy | $4,448 | $10,229 | $6,856 |
| Laparoscopic Adnexal Surgery | $6,695 | $14,854 | $9,780 |
| Total Laparoscopic Hysterectomy  | $8,771 | $19,724 | $13,453 |
| **Interventional Radiology Procedures** | **Minimum** | **Maximum** | **Average** |
| Abdominal Paracentesis | $3,992 | $13,651 | $8,488 |
| Mediport Placement | $2,147 | $8,172 | $5,189 |

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| **Orthopedic Procedures** | **Minimum** | **Maximum** | **Average** |
| Total Hip Arthroplasty | $18,874 | $29,135 | $25,118 |
| Total Knee Arthroplasty | $16,770 | $24,909 | $20,024 |
| **Spine Procedures** | **Minimum** | **Maximum** | **Average** |
| Laminectomy | $6,273 | $11,479 | $8,456 |
| Low Back Disk Surgery  | $6,746 | $11,387 | $8,840 |
| **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 | $23 | $24 | $23 |
| Basic Metabolic Panel (Calcium Total) | $21 | $22 | $21 |
| Blood Clotting Test - Prothrombin Time (PT) | $15 | $16 | $16 |
| Blood Draw - Venipuncture \* | $15 | $16 | $16 |
| Blood Type Test - ABO | $8 | $8 | $8 |
| Blood Type Test - RH (D) | $8 | $8 | $8 |
| Cardiac Test - Troponin | $48 | $49 | $49 |
| CBC | $15 | $16 | $16 |
| CBC with Differential | $19 | $20 | $19 |
| Comprehensive Metabolic Panel | $29 | $30 | $29 |
| Glycohemoglobin (HGB A1C) | $38 | $39 | $39 |
| Lipase  | $15 | $16 | $16 |
| Lipid Panel | $36 | $37 | $37 |
| Magnesium | $11 | $12 | $12 |
| Pregnancy Test (HCG Qualitative Blood test) | $19 | $20 | $19 |
| Pregnancy Test (HCG Quantitative Blood test) | $46 | $47 | $47 |
| Respiratory Pathogen Panel Test (COVID-19/Influenza/RSV) | $143 | $143 | $143 |
| Thyroid Stimulating Hormone | $29 | $30 | $29 |
| Urinalysis (UA) w/ Microscopic Analysis | $17 | $18 | $18 |
| Urinary Tract Infection Test | $38 | $39 | $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/ Contrast | $293 | $302 | $301 |
| CAT Scan Abdomen & Pelvis w/o Constrast | $151 | $156 | $155 |
| CAT Scan Angiography Chest w/o & w/ Constrast | $279 | $287 | $286 |
| CAT Scan Head/Brain w/o Contrast | $99 | $102 | $102 |
| **Diagnostic Radiology** | **Minimum** | **Maximum** | **Average**  |
| X-Ray Chest 2 Views | $89 | $92 | $92 |
| X-Ray Chest 1 View | $71 | $74 | $73 |
| X-Ray Lumbosacral Spine 2-3 Views | $125 | $129 | $128 |
| **MRA/MRI** | **Minimum** | **Maximum** | **Average**  |
| MRA Head w/o Contrast | $696 | $724 | $719 |
| MRA Neck w/o Contrast | $704 | $732 | $727 |
| MRI Brain w/o & w/ Contrast | $554 | $576 | $573 |
| MRI Brain w/o Contrast | $329 | $343 | $340 |
| **Nuclear Medicine** | **Minimum** | **Maximum** | **Average**  |
| Nuclear Medicine Lymph System Scan | $1,808 | $1,845 | $1,831 |
| Nuclear Medicine Plumonary Perfusion | $1,215 | $1,251 | $1,236 |

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| **Ultrasound** | **Minimum** | **Maximum** | **Average**  |
| Duplex Ultrasound - Abdomen/Pelvis/Retroperitoneal Limited | $625 | $644 | $642 |
| Ultrasound Abdomen Complete | $411 | $423 | $422 |
| Ultrasound Abdomen Limited | $321 | $331 | $330 |
| Ultrasound Early Pregnancy | $268 | $276 | $275 |
| Ultrasound Pregnancy Transvaginal | $303 | $313 | $312 |
| Ultrasound Pelvis Non-Obstetric Complete | $375 | $386 | $385 |
| Ultrasound Transvaginal Non-Pregnant | $446 | $460 | $459 |
| Venous Duplex Ultrasound - Both Legs | $821 | $846 | $843 |

\*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:**

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| **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**202-741-3560**Pathologists, Pathology Assoc. of Silver Spring**Billing Group: ABEO240-566-1603**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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