HOLY CROSS HOSPITAL

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 June 2026

Date Range: 04/01/2026 - 06/30/2026	Price Range		
General Surgery Procedures	**Minimum**	**Maximum**	**Average**
Laparoscopic Bowel Resection	$18,108	$43,207	$30,636
Laparoscopic Cholecystectomy	$11,831	$30,404	$18,445
Gynecology Procedures	**Minimum**	**Maximum**	**Average**
Abdominal Myomectomy	$13,492	$26,182	$19,416
Total Abdominal Hysterectomy w/ & w/o Removal of Tube/Ovary	$14,226	$31,512	$20,745
Obstetric Procedures	**Minimum**	**Maximum**	**Average**
Cesarean Section w/o Complication	$7,841	$19,270	$11,436
Cesarean Section w/ Complication	$8,180	$28,997	$13,588
Vaginal Delivery w/o Complication	$8,210	$16,122	$10,905
Vaginal Delivery w/ Complication	$8,328	$21,114	$12,292
Orthopedic Procedures	**Minimum**	**Maximum**	**Average**
ORIF- Upper Femur	$14,794	$29,575	$23,492
Partial Hip Replacement	$23,750	$62,658	$34,973
Total Hip Replacement	$20,806	$44,158	$32,060
Total Knee Replacement	$20,482	$36,212	$27,817

Charges for Common Outpatient Surgical Procedures as of June 2026

Date Range: 04/01/2026 – 06/30/2026	Price Range		
Gastroenterology Procedures	**Minimum**	**Maximum**	**Average**
Colonoscopy w/ Biopsy	$2,914	$5,546	$3,827
Colonoscopy w/ Snare Polypectomy	$2,977	$8,624	$4,726
Esophagogastroduodenoscopy (EGD)	$2,707	$8,778	$4,911
EGD w/ Biopsy	$3,048	$8,566	$4,687
EGD w/ Dilation	$3,033	$4,393	$3,764
Screening Colonoscopy	$2,687	$5,196	$3,530
Transendoscopic Ultrasound-Guided Fine Needle Biopsy	$4,403	$8,663	$6,303
General Surgery Procedures	**Minimum**	**Maximum**	**Average**
Inguinal Hernia Repair	$6,230	$10,518	$8,108
Laparoscopic Appendectomy	$7,262	$13,299	$10,325
Laparoscopic Cholecystectomy	$6,741	$16,666	$10,723
Laparscopic Gastric Bypass (Roux-En-Y)	$17,490	$37,384	$25,845
Laparoscopic Inguinal Hernia Repair	$8,285	$17,222	$12,190
Repair of Anterior Abdominal Hernia	$7,169	$16,248	$11,762

Gynecology Procedures	Minimum	Maximum	Average
Abdominal Myomectomy	$10,013	$20,320	$14,154
Hysteroscopic Myomectomy	$6,740	$17,026	$9,858
Hysteroscopy w/ Biopsy	$4,810	$12,598	$7,690
Laparoscopic Adnexal Surgery	$9,508	$18,985	$12,503
Laparoscopic Myomectomy	$12,428	$26,928	$19,988
Laparoscopic Ovarian Cystectomy	$8,494	$17,122	$12,637
Total Laparoscopic Hysterectomy	$9,483	$22,961	$15,076
Interventional Radiology Procedures	**Minimum**	**Maximum**	**Average**
Abdominal Paracentesis	$1,679	$9,272	$5,119
Fine Needle Aspiration Biopsy Procedures	$1,028	$2,598	$1,652
Lumbar Puncture	$762	$10,712	$5,925
Neurology Procedure	**Minimum**	**Maximum**	**Average**
Cerebral Angiogram	$2,927	$6,350	$4,188
Placement of Pulse Generator for Deep Brain Stimulation	$49,643	$60,952	$54,425
Orthopedic Procedures	**Minimum**	**Maximum**	**Average**
Total Hip Arthroplasty	$20,447	$28,746	$23,992
Total Knee Arthroplasty	$16,686	$32,401	$21,055
Spine Procedures	**Minimum**	**Maximum**	**Average**
Laminectomy	$7,302	$11,747	$8,936
Lumbar Laminectomy w/ Decompression of Nerve Roots	$7,193	$12,123	$9,486
Urology Procedures	**Minimum**	**Maximum**	**Average**
Cystourethroscopy w/ Insertion of Ureteral Stent	$2,961	$7,581	$5,282
Cystourethroscopy w/ Lithotripsy & Insertion of Ureteral Stent	$7,096	$13,082	$9,819

Charges for Common Laboratory Services as of June 2026

Date Range: 04/01/2026 – 06/30/2026	Price Range		
Laboratory Procedure	**Minimum**	**Maximum**	**Average**
Antibody Screen RBC	$29	$35	$30
Basic Metabolic Panel (Calcium Total)	$27	$32	$27
Blood Alcohol Concentration Test	$73	$88	$75
Blood Clotting Test - Prothrombin Time (PT)	$19	$23	$20
Blood Draw - Venipuncture *	$19	$23	$20
Blood Type Test - ABO	$10	$12	$10
Blood Type Test - RH (D)	$10	$12	$10
Cardiac Test - Troponin	$61	$73	$62
CBC	$19	$23	$20
CBC with Differential	$24	$29	$25
Comprehensive Metabolic Panel	$36	$44	$37
COVID-19 Test/RSV/ Influenza A & B Test	$131	$131	$131
Lipase	$19	$23	$20
Magnesium	$14	$18	$15
Phosphorus	$5	$6	$5
Pregnancy Test (HCG Qualitative Blood test)	$23	$29	$25
Pregnancy Test (HCG Quantitative Blood test)	$56	$70	$60
Presumptive Drug Screening Test	$132	$164	$140
Urinalysis (UA) w/ Microscopic Analysis	$21	$26	$22
Urinary Tract Infection Test	$47	$59	$50
Urine Pregnancy Test	$23	$29	$25

Charges for Common Radiology Services as of June 2026

Date Range: 04/01/2026 – 06/30/2026	**Price Range**		
CAT Scans	**Minimum**	**Maximum**	**Average**
CAT Scan Abdomen & Pelvis w/ Contrast	$316	$394	$336
CAT Scan Angiography Chest w/o & w/ Contrast	$300	$375	$321
CAT Scan Cervical Spine w/o Contrast	$188	$235	$199
CAT Scan Head/Brain w/o Contrast	$107	$134	$113
Diagnostic Radiology	**Minimum**	**Maximum**	**Average**
X-Ray Chest 2 Views	$101	$126	$107
X-Ray Chest 1 View	$81	$101	$86
X-Ray Lumbosacral Spine 2-3 Views	$141	$176	$149
MRA/MRI	**Minimum**	**Maximum**	**Average**
MRA Head w/o Contrast	$808	$1,011	$864
MRA Neck w/o Contrast	$817	$1,021	$872
MRI Brain w/o Contrast	$382	$478	$406
MRI Lumbar Spine w/o Contrast	$365	$456	$392
Nuclear Medicine	**Minimum**	**Maximum**	**Average**
Nuclear Medicine Hepatobiliary System Imaging	$2,603	$3,253	$2,799
Nuclear Medicine Pulmonary Ventilation/Perfusion	$2,482	$3,102	$2,671
Ultrasound	**Minimum**	**Maximum**	**Average**
Duplex Ultrasound - Abdomen/Pelvis/Retroperitoneal Complete	$1,268	$1,585	$1,340
Ultrasound Abdomen Limited	$362	$453	$383
Ultrasound Early Pregnancy	$302	$377	$321
Ultrasound Fetal Biophysical Profile (BPP)	$282	$352	$300
Ultrasound Pelvis Non-Obstetric Complete	$423	$528	$450
Ultrasound Pregnancy>/=14 weeks Single/First Gestation	$523	$654	$556
Ultrasound Pregnancy Transvaginal	$342	$428	$363
Ultrasound Transvaginal Non-Pregnant	$503	$629	$535

*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 health care 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:

Provider Groups

Anesthesiologists, U.S. Anesthesia Partners
888-339-8727

Cardiologists, Associates in Cardiology
301-681-5700

ER Physicians, Vituity Emergency Medicine Service
Billing Group: Vituity
800-498-7157

Hospitalists, Vituity Hospital Medicine Service
Billing Group: Vituity
800-498-7157

Intensivists, Capital Critical Care, LLC
Maximus Medical Billing, LLC
301-774-132

Neonatologists, Community Neonatal Associates
240-566-1600

Perinatalogists, Greater Washington Maternal Fetal Medicine
202-741-3560

Radiologists, Professional Services of Holy Cross
833-961-2458

Pathologists, Pathology Assoc. of Silver Spring
Billing Group: Ventra Health
972-861-1270

Other Healthcare Providers, Professional Services of Holy Cross
833-961-2458