



## HOSPITAL AND ANCILLARY SERVICE PRICING

**Note:** Hospital charges are the same for all patients; however, the total charges will vary depending on acuity and length of stay. The charges outlined below do not include fees for medications, supplies or additional procedures that may be required in your care. The list below represents our most common charges. If you have any questions or would like additional information, please contact our billing office at (315) 848-3351, extension 207.

### Room and Board – Daily Charges

|                                 |          |
|---------------------------------|----------|
| Acute Care Stay                 | \$779.00 |
| Swing-Bed Stay (Sub-Acute Care) | \$685.00 |
| Long-Term Care Stay             | \$272.00 |
| Respite Care Stay               | \$272.00 |

### Outpatient Observation Stay (Up to 24 Hours)

|                                     |                  |
|-------------------------------------|------------------|
| Observation – No Cardiac Monitoring | \$25.00 per Hour |
| Observation – Cardiac Monitoring    | \$30.00 per Hour |

### Emergency Department Charges

|               |            |
|---------------|------------|
| Level I       | \$233.59   |
| Level II      | \$334.72   |
| Level III     | \$473.78   |
| Level IV      | \$764.63   |
| Level V       | \$959.32   |
| Critical Care | \$1,345.72 |

## Laboratory Tests

|                                |          |
|--------------------------------|----------|
| Urine Micro                    | \$32.86  |
| TSH High Sensitivity           | \$180.61 |
| CBC with Auto Differential     | \$70.61  |
| Prothrombin Time               | \$33.85  |
| Free T4                        | \$134.23 |
| Basic Metabolic Profile (BMP)  | \$125.54 |
| Lipid Panel                    | \$150.00 |
| Cardiac Troponin               | \$169.66 |
| APTT                           | \$38.70  |
| Complete Metabolic Panel (CMP) | \$246.21 |
| Hemoglobin A1-C                | \$82.15  |

## Physical Therapy

|  |          |
|--|----------|
| Physical Therapy Evaluation                      | \$138.91 |
| Therapeutic Exercise, 1 <sup>st</sup> 15 Minutes | \$54.36  |
| Mechanical Traction                              | \$47.15  |
| Gait Training                                    | \$61.63  |
| Electronic Stimulation                           | \$85.62  |

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(315) 848-3351  
Fax (315) 848-2314



# Clifton-Fine Hospital

A SAMARITAN HEALTH PARTNER

*Trusted Care. Close to Home.*

## Radiology

|  |            |
|--|------------|
| Ankle Complete                         | \$154.80   |
| Chest 2 Views AP and Lateral           | \$149.17   |
| CT Abdomen and Pelvis with Contrast    | \$2,660.00 |
| CT Abdomen and Pelvis without Contrast | \$2,460.00 |
| CT Head/Brain without Contrast         | \$1,554.19 |
| CT Pelvis with Contrast                | \$1,517.05 |
| CT Thorax with Contrast                | \$1,548.88 |
| Ultrasound Complete                    | \$522.12   |
| Ultrasound Pelvic Complete             | \$152.32   |
| Venous Doppler Unilateral              | \$344,.27  |
| Knee Complete                          | \$177.28   |
| Shoulder Complete                      | \$160.54   |
| Wrist Complete                         | \$154.80   |