What You Should Know When Looking at Charge Information

- All professional charges (surgeons, radiologists, anesthesiologists, and pathologists) are billed separately and are not included in the average charges shown.
- The below charges listed are averages based on 2009 patient population, because each person's health needs are different your charges will depend on your specific situation. Each patient's circumstances are different and a patient's charge will not necessarily be the same as the average charge.
- The "charge" is not necessarily what you may owe.
    - If you have Health Insurance – Health Insurance may pay for many of your health services. Contact your insurance company to understand your insurance policy's deductible, co-payment, coinsurance and maximum out-of-pocket levels.
    - If you have Medicare – Medicare will pay for many of your health services. Medicare does not pay hospitals based on charges, but instead pays according to pre-established rates depending on the services you receive. Your Medicare deductibles and coinsurance are also preestablished based on the services you receive.
    - If you have Medicaid or Medicaid Managed Care Plan – Medicaid will pay for many of your health services, but not all of them. Medicaid does not pay hospitals based on charges, but instead pays according to preestablished rates depending on the services you receive. A few services have pre-established co-pays.
    - If you are Uninsured – If you have no insurance, you will receive a 20% discount which is similar to a patient with insurance or Medicare. Please contact our Patient Financial Services representatives with questions or setting up payment arrangements at (620) 343-6800 extension 1153.

Outpatient Procedures – Average Charges

Breast Surgery – Lumpectomy	$ 4,889
Breast Surgery – mastectomy modified	$ 8,304
Bronchoscopy	$ 4,186
Bunionectomy	$ 8,098
Capsule Endoscopy	$ 5,405
Carpal Tunnel	$ 3,426
Cataract	$3,410
Cataract with astigmatism in both eyes	$4,574
Colonoscopy	$ 2,107
Diabetes Education – group session	$ 21 / session
Ears – Bilateral Myringotomy Tubes	$ 2,290
Lithotripsy, Extra Corpeal Shockwave	$ 5,004
Gallbladder Removal by Laparoscopy	$ 8,483
MRI Brain with & without Contrast (this can change depending on the contrast and amount	$ 1,973

used)	
MRI Lumbar Spine without Contrast	$ 1,536
Tonsillectomy w/ Adenoidectomy	$ 4,881
Vertebroplasty for Compression Fractures	$ 5,222
X-ray Chest 1-View	$ 113
X-ray Chest 2-Views	$ 163
X-ray Knee 3-Views	$ 164

Inpatient Procedures – Average Charges

Cesarean Section – Mom (average hospital stay 3-4 days)	$ 11,893
Cesarean Section – Baby (average hospital stay 3-4 days)	$ 3,426
Vaginal Delivery – Mom (average hospital stay 2 days)	$ 6,026
Vaginal Delivery – Baby (average hospital stay 2 days)	$ 2,388
Vaginal Delivery with Sterilization – Mom (average hospital stay 2 days)	$ 9,968
Hysterectomy performed by Laparoscopy	$ 14,600
Knee Replacement (this procedure varies greatly depending on length of surgery and supplies needed for the procedure)	$ 40,382
Hip Replacement (this procedure varies greatly depending on length of surgery and supplies needed for the procedure)	$ 42,731
Shoulder Replacement(this procedure varies greatly depending on length of surgery and supplies needed for the procedure)	$ 49,595
Sleep Test	$ 2,581
Sleep Test with CPAP	$ 2,867