



Patient Price Information List

In compliance with Ohio Revised Code Section 3727.42, Crystal Clinic Orthopaedic Center is providing this price list containing our charges for
These prices are correct as of January 1, 2025

Room and Board -- Per Day Charges

ROOM/BED	\$2,788.00
TELEMETRY	\$4,191.00
OBSERVATION	\$112.00 Per Hour

Operating Room and Related Charges

Operating Room charges are based on the complexity level of the procedure being performed. The following rates do not include fees for drugs, non-routine supplies or additional ancillary testing that may be required for a particular surgical procedure. Fees for physician services or anesthesia administration are also not reflected, and will be billed separately by your physician.

Operating Room	1st 30 minutes	Each Additional 15 minutes
OR LEVEL 1	\$ 2,297.00	\$ 229.00
OR LEVEL 2	\$ 3,063.00	\$ 307.00
OR LEVEL 3	\$ 5,106.00	\$ 510.00
OR LEVEL 4	\$ 8,509.00	\$ 852.00
Recovery		
	1st 30 minutes	Each Additional 15 minutes
PACU	\$ 1,865.00	\$ 141.00
PACU - PHASE II	\$ 141.00	
Anesthesia		
	1st 30 minutes	Each Additional 15 minutes
ANESTHESIA	\$ 1,978.00	\$ 396.00

Physical Therapy Charges

The following charges are representative of the services offered by our Physical Therapy department. Patients may have additional charges, depending on the services performed.

EVALUATION	\$ 481.00	GAIT TRAINING (15 MIN)	\$ 250.00
THERAPY PROCEDURE (15 MIN)	\$ 252.00	THERAPY PT TECH (15 MIN)	\$ 229.00
ELEC STIMULATION UNATTENDED	\$ 122.00	NEURO RE-EDUCATION (15 MIN)	\$ 221.00
TREATMENT ACTIVITY (15 MIN)	\$ 331.00	SELF/HOME MANAGEMENT (15 MIN)	\$ 197.00
RE-EVALUATION	\$ 465.00	ULTRASOUND (15 MIN)	\$ 111.00

Occupational Therapy Charges

The following charges are representative of the services offered by our Occupational Therapy department. Patients may have additional charges, depending on the services performed.

EVALUATION	\$ 505.00	MANUAL THERAPY TECHNIQUES	\$ 229.00
THERAPY PROCEDURE (15 MIN)	\$ 252.00	CHECK ORTHOTIC/PROSTHETIC	\$ 210.00
SELF/HOME MANAGEMENT (15 MIN)	\$ 197.00	THERAPEUTIC ACTIVITY ONE ON ONE	\$ 331.00
CONTRAST BATH	\$ 125.00	FLUIDOTHERAPY	\$ 155.00
PARRAFIN	\$ 72.00	OT TX ACTIVITY (15 MIN)	\$ 331.00



X-Ray and Radiological Charges

The following charges are representative of x-ray and radiological procedures provided by the CCOC. The charge does not reflect the fee for services of the radiologist which will be billed separately by the radiologist.

ANKLE W/OBLIQUE 3 VIEWS	\$	948.00	KNEE, 1-2 VIEWS	\$	551.00
AP PELVIS STANDING	\$	967.00	KNEE, 4+VIEWS	\$	1,080.00
CERVICAL FLEX EXTENSION	\$	967.00	LUMBOSACRO 1 VIEW	\$	553.00
CERVICAL 3 VIEW	\$	963.00	LUMBOSACRO 2-3 V OB	\$	967.00
CHEST, SINGLE	\$	504.00	LUMBOSACRO 4+ VIEWS	\$	1,080.00
CHEST, TWO VIEWS	\$	594.00	PELVIS W/HIP 2-3 VW	\$	557.00
CLAVICLE COMP	\$	805.00	SHOULDER, 1 VIEW	\$	527.00
ELBOW, 2 VIEWS	\$	580.00	SHOULDER, 2 VIEWS	\$	580.00
FINGER, 2+ VIEWS	\$	527.00	SHOULDER, 3+ VIEWS	\$	580.00
FLOURO GUIDE NDL SPIN	\$	1,304.00	SPINE 1VW	\$	611.00
FOOT, 3 VIEWS	\$	948.00	THORACIC SPINE AP & LA	\$	967.00
FOREARM, 2 VIEWS	\$	580.00	TIB-FIB 2 VIEWS	\$	552.00
HAND, 3 + VIEWS	\$	631.00	WRIST, 2 VIEWS	\$	564.00
KNEE W/SUN 3 VIEWS	\$	827.00	WRIST W/NAV 3+V	\$	634.00

Laboratory Charges

The following charges are representative of laboratory procedures provided by the CCOC. The charge does not reflect the fee for services of the pathologist which will be billed separately by the pathologist.

ABO TYPING	\$	62.00	HCG QUAL URINE	\$	185.00
AEROBE DEFIN ID EACH	\$	92.00	HCG RAPID QUAL	\$	65.00
ANTIBODY SCREEN	\$	207.00	HEMOGLOBIN	\$	24.00
BASIC METABOLIC PANEL	\$	74.00	HEMOGLOBIN A-1-C	\$	84.00
CBC W/ AUTO DIF	\$	68.00	HEMOGRAM	\$	56.00
COMPATIBILITY TEST	\$	908.00	POTASSIUM	\$	38.00
COMPR METABOLIC PANEL	\$	91.00	PROTHROMBIN TIME	\$	32.00
CREATININE	\$	38.00	RH TYPE	\$	45.00
CULT ANAEROBE W PR	\$	138.00	SODIUM	\$	44.00
CULT BAC UR W PRES	\$	71.00	SUSPECT MIC EACH	\$	124.00
CULT BAC W PRSMP I	\$	75.00	TROPONIN I	\$	87.00
ELECTROLYTE PANEL	\$	197.00	UREA NITROGEN	\$	32.00
GLUCOSE	\$	32.00	URINALYSIS DIP WITHOUT	\$	30.00
GLUCOSE, FINGERSTICK	\$	23.00	URINE MICRO ONLY	\$	38.00
HEMATOCRIT, WB	\$	24.00	VITAMIN D 25 HYDROXY	\$	258.00

Clinic Fees

Clinic Visit HOPD	\$	243.00			
ASPIR/INJECTION SMALL JNT	\$	884.00	INJECTION - TENDON	\$	877.00
ASPIR/INJECTION INTER JNT	\$	1,222.00	CARPAL TUNNEL INJECTION	\$	888.00
ASPIR/INJECTION MAJOR JNT	\$	1,439.00	TENDON SHEATH INJECTION	\$	1,190.00

Hospital Billing Policies

Patients may call (800) 818-0886 for customer service. Staff are available to discuss financial assistance, discounts, and interest free payment plans.

CCOC is committed to being ethically responsible to the patient for the billing process and resolution of conflicts associated with patient billing. We will provide assistance to patients seeking to understand the charges related to their care. CCOC will resolve all patient billing questions objectively and professionally.