

Medical Charges Information

New London Hospital is providing this price list containing some of our charges for room and board, emergency department, operating room, physical therapy and other procedures. This information is for the patient to receive basic, facility-specific information about services and charges. This is only a partial listing of charges for more information please contact one of our financial advisors at (603) 526-5292 or [e-mail to billing@newlondonhospital.org](mailto:billing@newlondonhospital.org) We welcome your email about your account but due to our dedication to keeping your information secure we will respond to any emails by regular US postal mail.

- Hospital charges are the same for all patients, but a patient's responsibility may vary, depending on payment plans negotiated with individual health insurances companies.
- Uninsured patients should consult with our **Financial Counselors** in Revenue Cycle Services to determine whether they qualify for financial assistance.
- Medicare and Medicaid cover medically necessary services. Medicare does not cover convenience items or self-administered pharmacy for outpatient, observation or ambulatory surgery.
- The rates below will be charged beginning on the day of admission but not on the day of discharge.
- The charge for an Observation Bed is per minute. This rate will be charged from the time of admission to the time of discharge. The rate tops at \$818.00 per day

These prices are effective as of October 1, 2009

ROOM AND BOARD - PER DAY

PRIVATE ROOM RATE Medical/Surgical	\$1,024.00
TELEMETRY BED	\$1,536.00
SPECIAL CARE ROOM RATE	\$2,262.00
SNF SWING PRIVATE RM RATE Medical/Surgical	\$ 834.00

The Clough Center - Nursing Home

ROOM AND BOARD - PER DAY	
Skilled Nursing Facility CLOUGH ROOM RATE	\$ 574.00
Skilled Nursing Facility CLOUGH PRIVATE ROOM	\$ 834.00
CLOUGH INTERMEDIATE CARE	\$ 277.00
CLOUGH INTERMEDIATE CARE Semi-PRIVATE	\$ 328.00
CLOUGH INTERMEDIATE 3-4 BED	\$ 266.00

EMERGENCY DEPARTMENT Emergency Department charges are based on the

level of emergency care provided to our patients. The levels, with level 1 representing basic emergency care, reflect the type of accommodations needed, the intensity of care, amount of time needed to provide treatment and personnel resources. The following charges do not include fees for drugs, supplies or additional ancillary procedures that may be required for a particular emergency treatment. Each patient seen in the Emergency Department will be charged a hospital technical level and a professional level charge fee.

ER ROOM LEVEL I	\$ 192.00
ER ROOM LEVEL II	\$ 314.00
ER ROOM LEVEL III	\$ 464.00
ER ROOM LEVEL IV	\$ 681.00
ER ROOM LEVEL V	\$1,018.00
ER ROOM CRITICAL CARE	\$1,077.00

PHYSICIAN PROFESSIONAL FEE FOR EMERGENCY ROOM

ER PRO FEE LEVEL I	\$ 110.00
ER PRO FEE LEVEL II	\$ 147.00
ER PRO FEE LEVEL III	\$ 221.00
ER PRO FEE LEVEL IV	\$ 337.00
ER PRO FEE LEVEL V	\$ 508.00
ER PRO FEE CRITICAL CARE	\$ 572.00

AMBULANCE SERVICES

AMB BLS RATE EMERGENCY	\$1,243.00
AMB BLS RATE NONEMERGENCY	\$ 777.00
AMBULANCE LOADED MILE	\$ 32.00
AMBULANCE OXYGEN SERVICE	\$ 65.00

OPERATING ROOM CHARGES Operating Room charges are based on the type of procedure performed. Additional charges are incurred for surgical supplies utilized during the procedure.

OR-INPT/15 MIN.	\$1,042.00
OR-OPD/15 MIN.	\$1,042.00
OR-SURGICARE/1 MINUTE	\$ 69.00
ENDO AND COLONOSCOPY CHARGE	\$1,727.00
SIGMOIDOSCOPY (FLEX)	\$ 818.00
ENDO OR COLONOSCOPY CHARGE	\$1,239.00

Rehabilitative Services

The following charges reflect the most common services offered by our Physical Therapy department. Patients may have additional charges, depending on the services performed.

PT EVALUATION/UNTIMED	\$ 212.00
PT GAIT TRAINING/15 MIN	\$ 86.00
PT RE-EVALUATION/UNTIMED	\$ 133.00
PT ULTRASOUND/15 MIN	\$ 68.00
E STIM, TENS SET UP/15 MIN	\$ 104.00
THERAPEUTIC ACTIVITIES/15MIN	\$ 104.00
THERAPEUTIC EXERCISE/15 MIN	\$ 92.00
(ST) DYSPHAGIA THERAPY/UNTIMED	\$ 294.00
(ST) SPEECH TREATMENT/UNTIMED	\$ 219.00
(ST)DYSPHAGIA EVALUATION	\$ 470.00
(ST)SPEECH EVALUATION	\$ 462.00

X-RAY AND RADIOLOGICAL CHARGES

The following charges reflect the hospital's most common x-ray and radiological procedures

CHEST-1 VIEW	\$ 124.00
CHEST-4 VIEWS	\$ 154.00
DEXA SCAN	\$ 603.00
CT-ABDOMEN-W/CONTRAST	\$1,330.00
CT-ABDOMEN-W/O CONTRAST	\$1,097.00
CT-HEAD-W/CONTRAST	\$1,097.00
CT-HEAD-W/O CONTRAST	\$ 919.00
CT-PELVIS-W/CONTRAST	\$1,330.00
CT-PELVIS-W/O CONTRAST	\$1,148.00
MR-BRAIN W/ CONTRAST	\$2,610.00
MR-BRAIN W/O CONTRAST	\$2,176.00
PELVIS 1 OR 2 VIEWS	\$ 124.00
MAMMO-DIGITAL SCREENING	\$ 381.00
MAMMO DIGITAL DIAGNOSTIC	\$ 399.00
MAMMO DIAGNOSTIC BILAT W/CAD	\$ 478.00
MAMMO SCREENING W/CAD	\$ 460.00

LABORATORY CHARGES

The following charges reflect the hospital's most common laboratory procedures

VENOUS SPECIMEN COLLECTION FEE	\$ 22.00
CBC FOR PANEL	\$ 40.00
CHOLESTEROL, TOTAL - SERUM	\$ 33.00
CULTURE URINE	\$ 40.00

URINE DIP	\$ 16.00
TSH	\$ 108.00
ELECTROLYTES	\$ 43.00
HEMOGLOBIN A1C	\$ 61.00
GLUCOSE-SERUM	\$ 25.00
T4	\$ 71.00
PSA - SCREENING	\$ 92.00
PSA - DIAGNOSTIC	\$ 92.00
POTASSIUM-SERUM	\$ 30.00

CARDIOPULMONARY CHARGES

The following charges reflect the most common services offered by our Cardio-pulmonary Department. Patients may have additional charges, depending on the services performed.

CARDIAC LOOP INTERP	\$ 97.00
CARDIAC LOOP HOOKUP	\$ 155.00
CARDIAC EVENT HOOK UP MONITORING	\$ 155.00
BP MONITORING	\$ 237.00
HOLTER MONITOR	\$ 377.00
STRESS TEST	\$ 843.00
EKG INTERP & REPORT	\$ 45.00
EKG	\$ 39.00
ECHOCARDIOGRAM	\$1,062.00
PULMONARY FUNCTION TEST PRE/POST	\$ 416.00
PULMONARY FUNCTION TEST/SCREEN	\$ 109.00

SLEEP LAB SERVICES

SLEEP STAGING W/4 OR >PARAM,ATTEN	\$1,869.00
SLEEP STAGING W/CPAP OR BIPAP	\$1,869.00
SLEEP STAGING W/4 OR> PARAM SPLIT	\$1,869.00
SLEEP STAGING W/CPAP/BPAP SPLIT	\$1,869.00
MULTIPLE SLEEP LATENCY TEST	\$1,869.00

CPAP = Continuous Positive Airway Pressure BIPAP= Bi-Level Positive Airway Pressure

Pricing does not include services for Radiology or Pathology physicians. That information may be requested by contacting:

Valley Radiology AMS Plus, Inc. 91 Stiles Rd Salem, NH 03079 Telephone 800-927-0118

Pathology Triad Medical Services 71 Lyme Rd Hanover, NH 03755 Telephone 603-643-1405

If you should have any questions regarding any of the information listed above please contact New London Hospital's Revenue Cycle Services staff at 1.603.526.5292

Thank you and we hope this information was helpful.