

The table below provides the historical range of charges for the most commonly used inpatient and outpatient services at Holy Cross Germantown Hospital, and the average charge for the service. This table is updated quarterly and is based on 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) 557-6195. The amounts below reflect hospital charges only. Holy Cross Germantown 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 March 2024			
Date Range: 01/01/2024 - 03/31/2024	Price Range		
Obstetric Procedures	Minimum	Maximum	Average
Cesarean Section w/o Complications	\$4,914	\$10,571	\$6,723
Cesarean Section w/ Complications	\$5,186	\$13,790	\$8,241
Vaginal Delivery w/o Complications	\$4,921	\$9,694	\$6,648
Vaginal Delivery w/ Complications	\$5,003	\$10,025	\$7,142
Orthopedic Procedures	Minimum	Maximum	Average
Hip Partial Hemiarthroplasty	\$20,636	\$37,809	\$26,854
Revision of Total Knee Replacement	\$11,880	\$93,754	\$59,055
Total Hip Replacement	\$16,694	\$24,998	\$20,913
Total Knee Replacement	\$20,428	\$37,836	\$30,669
Charges for Common Outpatient Procedures as of March 2024			
Date Range: 01/01/2024 - 03/31/2024	Price Range		
Ear, Nose & Throat Procedures	Minimum	Maximum	Average
Dental Surgery Procedure	\$4,776	\$9,687	\$6,763
Gastroenterology Procedures	Minimum	Maximum	Average
Colonoscopy w/ Snare Polypectomy	\$1,445	\$4,537	\$3,454
Colonoscopy w/ Biopsy	\$2,288	\$6,590	\$3,924
Esophagogastroduodenoscopy (EGD) w/ Biopsy	\$2,314	\$9,383	\$4,129
General Surgery Procedures	Minimum	Maximum	Average
Laparoscopic Cholecystectomy	\$6,445	\$14,148	\$8,974
Interventional Radiology Procedures	Minimum	Maximum	Average
Abdominal Paracentesis	\$2,498	\$11,673	\$6,941
Orthopedic Procedures	Minimum	Maximum	Average
Lapidus Type Bunionectomy	\$15,527	\$43,655	\$29,686
Total Hip Arthroplasty	\$18,143	\$24,575	\$20,702
Total Knee Arthroplasty	\$15,787	\$22,680	\$19,773

Charges for Common Laboratory Services as of March 2024

Date Range: 01/01/2024 - 03/31/2024	Price Range		
Laboratory Procedure	Minimum	Maximum	Average
Antibody Screen RBC	\$19	\$25	\$24
Basic Metabolic Panel (Calcium Total)	\$17	\$23	\$21
Blood Draw - Venipuncture	\$13	\$17	\$16
Blood Alcohol Concentration Test	\$47	\$62	\$59
Blood Clotting Test - D-Dimer Test	\$24	\$31	\$29
Blood Clotting Test - Prothrombin Time (PT)	\$13	\$17	\$16
Blood Type Test - ABO	\$6	\$8	\$8
Blood Type Test - RH Factor	\$6	\$8	\$8
Cardiac Test - Troponin	\$40	\$52	\$49
CBC with Differential	\$16	\$21	\$20
Comprehensive Metabolic Panel	\$24	\$31	\$29
COVID-19 Test	\$36	\$48	\$45
Direct Bilirubin Test	\$10	\$12	\$12
Drug Screen Test	\$89	\$116	\$110
Lipase	\$13	\$17	\$16
Magnesium	\$10	\$12	\$12
Pregnancy Test (HCG - Qualitative Blood test)	\$16	\$21	\$20
Thyroid Stimulating Hormone	\$24	\$31	\$29
Urinalysis (UA) w/ Microscopic Analysis	\$14	\$19	\$18
Urinary Tract Infection Test	\$32	\$41	\$39

Charges for Common Radiology Services as of March 2024

Date Range: 01/01/2024 - 03/31/2024	Price Range		
CAT Scans	Minimum	Maximum	Average
CAT Scan Abdomen & Pelvis w/o Contrast	\$139	\$182	\$172
CAT Scan Abdomen & Pelvis w/ Contrast	\$269	\$352	\$333
CAT Scan Angiography Chest w/o & w/ Contrast	\$256	\$335	\$318
CAT Scan Cervical Spine w/o Contrast	\$161	\$210	\$198
CAT Scan Head/Brain w/o Contrast	\$91	\$119	\$113
Diagnostic Radiology	Minimum	Maximum	Average
X-Ray Chest 2 Views	\$75	\$98	\$91
X-Ray Chest 1 View	\$60	\$78	\$74
X-Ray Full Mouth Dental	\$165	\$216	\$203
X-Ray Lumbar Spine 2-3 Views	\$105	\$137	\$130
MRA/MRI	Minimum	Maximum	Average
MRA Head w/o Contrast	\$542	\$710	\$666
MRA Neck w/o Contrast	\$548	\$718	\$673
MRI Abdomen w/o Contrast	\$426	\$557	\$527
MRI Brain w/o Contrast	\$257	\$336	\$317
Nuclear Medicine	Minimum	Maximum	Average
Nuclear Medicine Pulmonary Perfusion	\$1,137	\$1,489	\$1,404
Ultrasound	Minimum	Maximum	Average
Duplex Ultrasound - Abdomen/Pelvis/Retroperitoneal Limited	\$525	\$687	\$648
Ultrasound Abdomen Complete	\$345	\$495	\$474
Ultrasound Abdomen Limited	\$270	\$353	\$334
Ultrasound Early Pregnancy	\$225	\$294	\$279
Ultrasound Pelvis Non-Obstetric Complete	\$315	\$412	\$390
Ultrasound Pregnancy Transvaginal	\$255	\$334	\$317
Ultrasound Transvaginal Non-Pregnant	\$375	\$490	\$465
Venous Duplex Ultrasound - Left Leg	\$420	\$549	\$522

*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 healthcare 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:

<p>Anesthesiologists, Holy Cross Anesthesia Associates Billing Group : Medac 800- 394- 4445</p> <p>Cardiologists, Forest Glen Cardiology 804-202-1190</p> <p>ER Physicians, Silver Spring Emergency Physicians Billing Group: US Acute Care Solutions 855-687 -0618</p> <p>Hospitalists, TeamHealth 866-661-7868</p> <p>Intensivists, Capital Critical Care, LLC Maximus Medical Billing, LLC 301-774-1320</p>	<p>Neonatologists, Community Neonatal Associates 240-566-1600</p> <p>Perinatologists, Greater Washington Maternal Fetal Medicine 201-741-3560</p> <p>Radiologists, Diagnostic Medical Imaging Associates 866-953-5869</p> <p>Pathologists, Pathology Assoc. of Silver Spring Billing Group: ABEO 240-566-1603</p> <p>Other Healthcare Providers, Professional Services of Holy Cross Hospital Billing Group: Meridian Financial Management 443-274-2900 or 888-429-5380</p>
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