



The table below provides the historical range of charges for the most commonly used inpatient and outpatient services at Holy Cross Hospital, and the average charge for the service. This table is updated quarterly and is based on the 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 301-754-7195. The amounts below reflect hospital charges, only. Holy Cross 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

Charges for Common Inpatient Surgical Procedures as of March 2024			
Date Range: 01/01/2024- 03/31/2024	Price Range		
General Surgery Procedures	Minimum	Maximum	Average
Laparoscopic Appendectomy	\$8,627	\$14,046	\$11,199
Laparoscopic Cholecystectomy	\$11,130	\$28,059	\$19,001
Laparoscopic Gastric Bypass	\$16,157	\$32,617	\$27,495
Laparoscopic Sleeve Gastrectomy	\$16,378	\$25,747	\$20,231
Gynecology Procedures	Minimum	Maximum	Average
Abdominal Myomectomy	\$12,032	\$26,393	\$17,180
Total Abdominal Hysterectomy w/ & w/o Removal of Tube/Ovary	\$11,793	\$27,419	\$17,516
Obstetric Procedures	Minimum	Maximum	Average
Cesarean Section w/o Complication	\$6,599	\$16,090	\$9,000
Cesarean Section w/ Complication	\$6,925	\$33,571	\$10,876
Vaginal Delivery w/o Complication	\$6,689	\$12,868	\$8,719
Vaginal Delivery w/ Complication	\$6,919	\$17,229	\$9,539
Orthopedic Procedures	Minimum	Maximum	Average
ORIF- Upper Femur	\$12,720	\$36,312	\$26,628
Partial Hip Replacement	\$25,270	\$47,444	\$30,685
Spine Procedures	Minimum	Maximum	Average
Multiple Cervical Spinal Fusion	\$29,857	\$105,310	\$53,616
Multiple Lumbar Spinal Fusion	\$59,225	\$128,349	\$85,221
Charges for Common Outpatient Surgical Procedures as of March 2024			
Date Range: 01/01/2024 - 03/31/2024	Price Range		
Gastroenterology Procedures	Minimum	Maximum	Average
Colonoscopy w/ Biopsy	\$2,291	\$4,301	\$2,824
Colonoscopy w/ Snare Polypectomy	\$2,541	\$4,241	\$3,084
EGD w/ Biopsy	\$2,295	\$8,968	\$3,821
Screening Colonoscopy	\$1,977	\$3,725	\$2,477
General Surgery Procedures	Minimum	Maximum	Average
Laparoscopic Appendectomy	\$6,312	\$12,960	\$8,959
Laparoscopic Cholecystectomy	\$5,990	\$12,437	\$8,800
Laparoscopic Gastric Bypass (Roux-En-Y)	\$14,050	\$26,991	\$19,186
Laparoscopic Inguinal Hernia Repair	\$7,841	\$14,905	\$9,959
Laparoscopic Sleeve Gastrectomy	\$13,893	\$18,758	\$16,005
Partial Mastectomy	\$4,409	\$16,493	\$10,937
Gynecology Procedures	Minimum	Maximum	Average
Hysteroscopic Myomectomy	\$6,794	\$12,143	\$8,718
Hysteroscopy w/ Biopsy	\$4,448	\$10,229	\$6,856
Laparoscopic Adnexal Surgery	\$6,695	\$14,854	\$9,780
Total Laparoscopic Hysterectomy	\$8,771	\$19,724	\$13,453
Interventional Radiology Procedures	Minimum	Maximum	Average
Abdominal Paracentesis	\$3,992	\$13,651	\$8,488
Mediport Placement	\$2,147	\$8,172	\$5,189

Orthopedic Procedures	Minimum	Maximum	Average
Total Hip Arthroplasty	\$18,874	\$29,135	\$25,118
Total Knee Arthroplasty	\$16,770	\$24,909	\$20,024
Spine Procedures	Minimum	Maximum	Average
Laminectomy	\$6,273	\$11,479	\$8,456
Low Back Disk Surgery	\$6,746	\$11,387	\$8,840

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	\$23	\$24	\$23
Basic Metabolic Panel (Calcium Total)	\$21	\$22	\$21
Blood Clotting Test - Prothrombin Time (PT)	\$15	\$16	\$16
Blood Draw - Venipuncture *	\$15	\$16	\$16
Blood Type Test - ABO	\$8	\$8	\$8
Blood Type Test - RH (D)	\$8	\$8	\$8
Cardiac Test - Troponin	\$48	\$49	\$49
CBC	\$15	\$16	\$16
CBC with Differential	\$19	\$20	\$19
Comprehensive Metabolic Panel	\$29	\$30	\$29
Glycohemoglobin (HGB A1C)	\$38	\$39	\$39
Lipase	\$15	\$16	\$16
Lipid Panel	\$36	\$37	\$37
Magnesium	\$11	\$12	\$12
Pregnancy Test (HCG Qualitative Blood test)	\$19	\$20	\$19
Pregnancy Test (HCG Quantitative Blood test)	\$46	\$47	\$47
Respiratory Pathogen Panel Test (COVID-19/Influenza/RSV)	\$143	\$143	\$143
Thyroid Stimulating Hormone	\$29	\$30	\$29
Urinalysis (UA) w/ Microscopic Analysis	\$17	\$18	\$18
Urinary Tract Infection Test	\$38	\$39	\$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/ Contrast	\$293	\$302	\$301
CAT Scan Abdomen & Pelvis w/o Contrast	\$151	\$156	\$155
CAT Scan Angiography Chest w/o & w/ Contrast	\$279	\$287	\$286
CAT Scan Head/Brain w/o Contrast	\$99	\$102	\$102
Diagnostic Radiology	Minimum	Maximum	Average
X-Ray Chest 2 Views	\$89	\$92	\$92
X-Ray Chest 1 View	\$71	\$74	\$73
X-Ray Lumbosacral Spine 2-3 Views	\$125	\$129	\$128
MRA/MRI	Minimum	Maximum	Average
MRA Head w/o Contrast	\$696	\$724	\$719
MRA Neck w/o Contrast	\$704	\$732	\$727
MRI Brain w/o & w/ Contrast	\$554	\$576	\$573
MRI Brain w/o Contrast	\$329	\$343	\$340
Nuclear Medicine	Minimum	Maximum	Average
Nuclear Medicine Lymph System Scan	\$1,808	\$1,845	\$1,831
Nuclear Medicine Plumonary Perfusion	\$1,215	\$1,251	\$1,236

Ultrasound	Minimum	Maximum	Average
Duplex Ultrasound - Abdomen/Pelvis/Retroperitoneal Limited	\$625	\$644	\$642
Ultrasound Abdomen Complete	\$411	\$423	\$422
Ultrasound Abdomen Limited	\$321	\$331	\$330
Ultrasound Early Pregnancy	\$268	\$276	\$275
Ultrasound Pregnancy Transvaginal	\$303	\$313	\$312
Ultrasound Pelvis Non-Obstetric Complete	\$375	\$386	\$385
Ultrasound Transvaginal Non-Pregnant	\$446	\$460	\$459
Venous Duplex Ultrasound - Both Legs	\$821	\$846	\$843

*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 202-741-3560</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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