

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 six 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 September 2020			
Date Range: 04/01/2020 – 09/30/2020	Price Range		
Obstetric Procedures	Minimum	Maximum	Average
Cesarean Section w/o Complications	\$5,830	\$13,352	\$7,999
Cesarean Section w/ Complications	\$6,037	\$15,430	\$9,117
Vaginal Delivery w/o Complications	\$6,401	\$12,456	\$8,562
Vaginal Delivery w/ Complications	\$7,002	\$13,406	\$9,461
General Surgery Procedures	Minimum	Maximum	Average
Laparoscopic Appendectomy	\$8,358	\$26,053	\$13,669
Laparoscopic Cholecystectomy	\$10,899	\$25,800	\$18,834
Laparoscopic Sleeve Gastrectomy	\$10,802	\$19,093	\$14,744
Orthopedic Procedures	Minimum	Maximum	Average
Total Hip Replacement	\$18,504	\$35,652	\$26,908
Total Knee Replacement	\$22,841	\$31,398	\$25,437
Thoracic Procedures	Minimum	Maximum	Average
Robotic Assisted Lobectomy	\$24,975	\$53,289	\$40,157
Segmentectomy/Wedge Resection of Lung Lobe	\$27,917	\$67,892	\$50,470
Charges for Common Outpatient Surgical Procedures as of September 2020			
Date Range: 04/01/2020 – 09/30/2020	Price Range		
General Surgery Procedures	Minimum	Maximum	Average
Laparoscopic Appendectomy	\$7,132	\$11,518	\$8,886
Laparoscopic Cholecystectomy	\$7,050	\$18,840	\$11,153
Mediport Placement	\$3,538	\$6,939	\$4,373
Ear, Nose & Throat Procedures	Minimum	Maximum	Average
Dental Surgery Procedure	\$6,068	\$10,750	\$7,631
Urology Procedures	Minimum	Maximum	Average
Cystoscopy and Treatment	\$4,172	\$19,609	\$6,583
Orthopedic Procedures	Minimum	Maximum	Average
Knee Arthroscopy/Surgery	\$4,324	\$17,822	\$7,340
Treatment of Ankle Fracture	\$6,787	\$14,244	\$9,872
Total Hip Arthroplasty	\$17,351	\$26,969	\$23,092
Total Knee Arthroplasty	\$16,390	\$24,610	\$20,529

Charges for Common Laboratory Services as of September 2020

Date Range: 07/01/2020 – 09/30/2020	Price Range		
Laboratory Procedures	Minimum	Maximum	Average
Basic Metabolic Panel	\$25	\$28	\$26
Blood Draw – Venipuncture	\$18	\$20	\$19
Blood Clotting Test – Partial Thromboplastin (APTT)	\$18	\$20	\$19
Blood Clotting Test – Prothrombin Time (PT)	\$18	\$20	\$19
Drug Screen Test	\$126	\$141	\$133
Blood Test – Antibody Screen RBC	\$27	\$30	\$28
Blood Type Test – ABO	\$9	\$10	\$9
Blood Type Test – RH Factor	\$9	\$10	\$9
Cardiac Test – Troponin	\$56	\$63	\$59
CBC	\$18	\$20	\$19
CBC with Differential	\$22	\$25	\$24
Comprehensive Metabolic Panel	\$34	\$38	\$36
COVID-19 Test	\$51	\$51	\$51
HCG QL	\$22	\$25	\$24
Hepatic Function Panel	\$25	\$28	\$26
Lipase	\$18	\$20	\$19
Magnesium	\$13	\$15	\$14
Urinalysis (UA) w/ Microscopic Analysis	\$20	\$23	\$21
Urinary Tract Infection Test	\$45	\$51	\$47

Charges for Common Radiology Services as of September 2020

Date Range: 07/01/2020 – 09/30/2020	Price Range		
CAT Scans	Minimum	Maximum	Average
CAT Scan Abdomen & Pelvis w/o Contrast	\$199	\$213	\$203
CAT Scan Abdomen & Pelvis w/ Contrast	\$385	\$412	\$393
CAT Scan Cervical Spine w/o Contrast	\$230	\$246	\$236
CAT Scan Face w/o Contrast	\$168	\$179	\$172
CAT Scan Chest w/Contrast	\$292	\$312	\$297
CAT Scan Head w/o Contrast	\$131	\$140	\$133
Diagnostic Radiology	Minimum	Maximum	Average
X-Ray Chest, 1 View	\$58	\$62	\$59
X-Ray Chest 2 Views	\$72	\$77	\$74
X-Ray Fluoroscopy < 1 hour	\$159	\$170	\$161
X-Ray Foot 3+ Views	\$87	\$93	\$88
MRA/MRI	Minimum	Maximum	Average
MRA Head w/o Contrast	\$709	\$910	\$839
MRA Neck w/o Contrast	\$715	\$916	\$845
MRI Brain w/o Contrast	\$335	\$429	\$397
MRI Spine w/o Contrast	\$319	\$409	\$381
Nuclear Medicine	Minimum	Maximum	Average
Nuclear Medicine Pulmonary Perfusion	\$1,222	\$1,341	\$1,253
Ultrasound	Minimum	Maximum	Average
Ultrasound Abdomen Complete	\$332	\$356	\$337
Ultrasound Early Pregnancy	\$217	\$232	\$220
Ultrasound Pelvis Non-Obstetric Complete	\$303	\$325	\$308
Ultrasound Pregnancy Detailed Single/First Gestation	\$347	\$371	\$350
Ultrasound Pregnancy >=14 weeks Single/First Gestation	\$376	\$402	\$379
Ultrasound Pregnancy Transvaginal	\$246	\$263	\$250
Ultrasound Transvaginal Non-Pregnant	\$361	\$387	\$366

*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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