

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 June 2024			
Date Range: 04/01/2024 – 06/30/2024	Price Range		
Obstetric Procedures	Minimum	Maximum	Average
Cesarean Section w/o Complications	\$4,895	\$8,571	\$6,125
Cesarean Section w/ Complications	\$5,389	\$9,079	\$6,718
Vaginal Delivery w/o Complications	\$4,690	\$10,718	\$6,614
Vaginal Delivery w/ Complications	\$4,965	\$9,984	\$7,221
Charges for Common Outpatient Procedures as of June 2024			
Date Range: 04/01/2024 – 06/30/2024	Price Range		
Ear, Nose & Throat Procedures	Minimum	Maximum	Average
Dental Surgery Procedure	\$4,295	\$8,031	\$6,124
Gastroenterology Procedures	Minimum	Maximum	Average
Colonoscopy w/ Snare Polypectomy	\$2,345	\$4,672	\$3,201
Colonoscopy w/ Biopsy	\$2,437	\$5,308	\$3,742
Esophagogastroduodenoscopy (EGD) w/ Biopsy	\$2,196	\$5,676	\$3,566
General Surgery Procedures	Minimum	Maximum	Average
Laparoscopic Appendectomy	\$5,974	\$8,939	\$7,421
Laparoscopic Cholecystectomy	\$5,571	\$13,961	\$8,913
Interventional Radiology Procedures	Minimum	Maximum	Average
Abdominal Paracentesis	\$2,161	\$12,447	\$5,956
Orthopedic Procedures	Minimum	Maximum	Average
Lapidus Type Bunionectomy	\$18,074	\$44,722	\$31,056
Surgical Knee Arthroscopy w/ Meniscectomy	\$3,997	\$17,322	\$6,657
Total Hip Arthroplasty	\$17,028	\$24,146	\$19,505
Total Knee Arthroplasty	\$15,238	\$21,247	\$18,673
Spine Procedures	Minimum	Maximum	Average
Lumbar Spinal Fusion	\$43,847	\$71,678	\$53,617
Urology Procedures	Minimum	Maximum	Average
Cystourethroscopy with Laser Lithotripsy	\$5,713	\$10,519	\$7,415

Charges for Common Laboratory Services as of June 2024

Date Range: 04/01/2024 - 06/30/2024	Price Range		
Laboratory Procedure	Minimum	Maximum	Average
Antibody Screen RBC	\$20	\$24	\$22
Basic Metabolic Panel (Calcium Total)	\$19	\$22	\$20
Blood Draw - Venipuncture	\$14	\$16	\$15
Blood Alcohol Concentration Test	\$51	\$59	\$55
Blood Clotting Test - D-Dimer Test	\$26	\$29	\$28
Blood Clotting Test - Prothrombin Time (PT)	\$14	\$16	\$15
Blood Type Test - ABO	\$7	\$8	\$7
Blood Type Test - RH Factor	\$7	\$8	\$7
Cardiac Test - Troponin	\$43	\$49	\$46
CBC with Differential	\$17	\$20	\$18
Comprehensive Metabolic Panel	\$26	\$29	\$28
COVID-19 Test	\$39	\$45	\$42
Direct Bilirubin Test	\$10	\$12	\$11
Drug Screen Test	\$95	\$110	\$103
Lipase	\$14	\$16	\$15
Magnesium	\$10	\$12	\$11
Pregnancy Test (HCG - Qualitative Blood test)	\$17	\$20	\$18
Thyroid Stimulating Hormone	\$26	\$29	\$28
Urinalysis (UA) w/ Microscopic Analysis	\$15	\$18	\$17
Urinary Tract Infection Test	\$34	\$39	\$37

Charges for Common Radiology Services as of June 2024

Date Range: 04/01/2024 - 06/30/2024	Price Range		
CAT Scans	Minimum	Maximum	Average
CAT Scan Abdomen & Pelvis w/o Contrast	\$150	\$172	\$159
CAT Scan Abdomen & Pelvis w/ Contrast	\$290	\$333	\$306
CAT Scan Angiography Chest w/o & w/ Contrast	\$276	\$317	\$295
CAT Scan Cervical Spine w/o Contrast	\$173	\$199	\$184
CAT Scan Head/Brain w/o Contrast	\$98	\$113	\$104
Diagnostic Radiology	Minimum	Maximum	Average
X-Ray Chest 2 Views	\$81	\$93	\$86
X-Ray Chest 1 View	\$65	\$74	\$69
X-Ray Full Mouth Dental	\$178	\$204	\$189
X-Ray Lumbosacral Spine 2-3 Views	\$113	\$130	\$120
MRA/MRI	Minimum	Maximum	Average
MRA Head w/o Contrast	\$584	\$672	\$619
MRA Neck w/o Contrast	\$590	\$679	\$627
MRI Brain w/o Contrast	\$276	\$318	\$294
MRI Lumbar Spine w/o Contrast	\$264	\$303	\$282
Nuclear Medicine	Minimum	Maximum	Average
Nuclear Medicine Pulmonary Perfusion	\$1,225	\$1,385	\$1,296
Ultrasound	Minimum	Maximum	Average
Duplex Ultrasound - Abdomen/Pelvis/Retroperitoneal Limited	\$565	\$650	\$600
Ultrasound Abdomen Complete	\$371	\$427	\$395
Ultrasound Abdomen Limited	\$290	\$334	\$307
Ultrasound Early Pregnancy	\$242	\$278	\$257
Ultrasound Pelvis Non-Obstetric Complete	\$339	\$390	\$359
Ultrasound Pregnancy Transvaginal	\$274	\$315	\$291
Ultrasound Scrotum	\$264	\$303	\$282
Ultrasound Transvaginal Non-Pregnant	\$403	\$464	\$428

*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, US Anesthesia Partners 888-339-8727</p> <p>Cardiologists Associates In Cardiology P.A. Cardiac Associates 301-681-5700 301-670-3000</p> <p>ER Physicians, Silver Spring Emergency Physicians Billing Group: US Acute Care Solutions 855-687 -0618</p> <p>Hospitalists Billing Group: US Acute Care Solutions 855-687 -0618</p> <p>Intensivists Billing Group: US Acute Care Solutions 855-687 -0618</p>	<p>Neonatologists, Community Neonatal Associates 240-566-1600</p> <p>Perinatologists, Greater Washington Maternal Fetal Medicine 201-741-3560</p> <p>Radiologists, Professional Services of Holy Cross 833-961-2458</p> <p>Pathologists, Pathology Assoc. of Silver Spring Billing Group: Ventra Health 972-861-7270</p> <p>Other Healthcare Providers, Professional Services of Holy Cross 833-961-2458</p>
--	---