

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 December 2024			
Date Range: 10/01/2024 – 12/31/2024	Price Range		
Obstetric Procedures	Minimum	Maximum	Average
Cesarean Section w/o Complications	\$6,266	\$12,528	\$8,983
Cesarean Section w/ Complications	\$7,961	\$18,507	\$11,975
Vaginal Delivery w/o Complications	\$8,317	\$13,480	\$10,326
Vaginal Delivery w/ Complications	\$8,394	\$15,843	\$11,213
Charges for Common Outpatient Procedures as of December 2024			
Date Range: 10/01/2024 – 12/31/2024	Price Range		
Ear, Nose & Throat Procedures	Minimum	Maximum	Average
Dental Surgery Procedure	\$4,520	\$8,558	\$6,331
Gastroenterology Procedures	Minimum	Maximum	Average
Colonoscopy w/ Snare Polypectomy	\$2,877	\$6,298	\$3,898
Esophagogastroduodenoscopy (EGD)	\$1,727	\$8,188	\$4,076
Esophagogastroduodenoscopy (EGD) w/ Biopsy	\$2,149	\$5,600	\$3,451
General Surgery Procedures	Minimum	Maximum	Average
Laparoscopic Appendectomy	\$6,984	\$11,938	\$8,979
Laparoscopic Cholecystectomy	\$5,896	\$13,580	\$9,451
Gynecology Procedures	Minimum	Maximum	Average
Colporrhaphy	\$6,639	\$10,485	\$8,884
Interventional Radiology Procedures	Minimum	Maximum	Average
Abdominal Paracentesis	\$2,826	\$9,881	\$5,625
Orthopedic Procedures	Minimum	Maximum	Average
Arthroscopic Anterior Cruciate Ligament Reconstruction	\$14,476	\$36,204	\$25,747
Lapidus Type Bunionectomy	\$25,373	\$60,449	\$41,581
Surgical Knee Arthroscopy w/ Meniscectomy	\$4,569	\$29,375	\$9,343
Total Hip Arthroplasty	\$18,635	\$25,471	\$21,637
Total Knee Arthroplasty	\$20,608	\$29,433	\$23,525
Spine Procedures	Minimum	Maximum	Average
Lumbar Fusion	\$55,220	\$87,846	\$64,247
Lumbar Laminectomy w/ Decompression of Nerve Roots	\$8,092	\$10,780	\$9,167
Urology Procedures	Minimum	Maximum	Average
Cystourethroscopy w/ Insertion of Ureteral Stent	\$2,440	\$6,497	\$4,767

Charges for Common Laboratory Services as of December 2024

Date Range: 10/01/2024 - 12/31/2024	Price Range		
Laboratory Procedure	Minimum	Maximum	Average
Antibody Screen RBC	\$21	\$27	\$25
Basic Metabolic Panel (Calcium Total)	\$19	\$24	\$23
Blood Draw - Venipuncture	\$14	\$18	\$17
Blood Alcohol Concentration Test	\$53	\$66	\$62
Blood Clotting Test D-Dimer (Fibrin Degradation Products)	\$26	\$33	\$31
Blood Clotting Test - Prothrombin Time (PT)	\$14	\$18	\$17
Blood Type Test - ABO	\$7	\$9	\$8
Blood Type Test - RH Factor	\$7	\$9	\$8
Cardiac Test - Troponin	\$44	\$55	\$52
CBC with Differential	\$18	\$22	\$21
Comprehensive Metabolic Panel	\$26	\$33	\$31
COVID-19 Test	\$40	\$51	\$47
Drug Screen Test	\$98	\$124	\$116
Lipase	\$14	\$18	\$17
Magnesium	\$11	\$13	\$12
Pregnancy Test (HCG - Qualitative Blood test)	\$18	\$22	\$21
Pregnancy Test (HCG - Quantitative Blood test)	\$42	\$53	\$50
Thyroid Stimulating Hormone	\$26	\$33	\$31
Urinalysis (UA) w/ Microscopic Analysis	\$16	\$20	\$19
Urinary Tract Infection Test	\$35	\$44	\$41
Urine Fentanyl Test	\$14	\$18	\$17

Charges for Common Radiology Services as of December 2024

Date Range: 10/01/2024 - 12/31/2024	Price Range		
CAT Scans	Minimum	Maximum	Average
CAT Scan Abdomen & Pelvis w/o Contrast	\$142	\$175	\$164
CAT Scan Abdomen & Pelvis w/ Contrast	\$275	\$339	\$318
CAT Scan Angiography Chest w/o & w/ Contrast	\$261	\$322	\$305
CAT Scan Cervical Spine w/o Contrast	\$164	\$202	\$191
CAT Scan Head/Brain w/o Contrast	\$93	\$115	\$108
Diagnostic Radiology	Minimum	Maximum	Average
X-Ray Chest 2 Views	\$72	\$89	\$83
X-Ray Chest 1 View	\$58	\$71	\$67
X-Ray Lumbosacral Spine 2-3 Views	\$101	\$125	\$117
X-Ray Right Hand ≥ 3 Views	\$87	\$107	\$100
MRA/MRI	Minimum	Maximum	Average
MRA Head w/o Contrast	\$497	\$613	\$575
MRA Neck w/o Contrast	\$502	\$619	\$580
MRI Lumbar Spine w/o Contrast	\$224	\$277	\$258
MRI Brain w/o Contrast	\$235	\$290	\$273
Nuclear Medicine	Minimum	Maximum	Average
Nuclear Medicine Pulmonary Ventilation/Perfusion	\$1,463	\$1,804	\$1,731

Ultrasound	Minimum	Maximum	Average
Duplex Ultrasound - Abdomen/Pelvis/Retroperitoneal Limited	\$505	\$623	\$588
Ultrasound Abdomen Limited	\$260	\$321	\$300
Ultrasound Early Pregnancy	\$217	\$267	\$251
Ultrasound Pelvis Non-Obstetric Complete	\$303	\$374	\$354
Ultrasound Pregnancy Transvaginal	\$245	\$303	\$285
Ultrasound Transvaginal Non-Pregnant	\$361	\$445	\$421
Venous Duplex Ultrasound - Both Legs	\$664	\$819	\$773
Venous Duplex Ultrasound - Left Leg	\$404	\$499	\$474

*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>
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