

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 2025			
Date Range: 01/01/2025 - 03/31/2025	Price Range		
Obstetric Procedures	Minimum	Maximum	Average
Cesarean Section w/o Complications	\$6,843	\$13,597	\$9,374
Cesarean Section w/ Complications	\$6,602	\$15,560	\$10,545
Vaginal Delivery w/o Complications	\$7,288	\$14,847	\$10,090
Vaginal Delivery w/ Complications	\$6,945	\$12,681	\$10,048
Charges for Common Outpatient Procedures as of March 2025			
Date Range: 01/01/2025 - 03/31/2025	Price Range		
Ear, Nose & Throat Procedures	Minimum	Maximum	Average
Dental Surgery Procedure	\$4,446	\$8,895	\$6,460
Gastroenterology Procedures	Minimum	Maximum	Average
Colonoscopy w/ Biopsy	\$2,480	\$5,207	\$3,595
Colonoscopy w/ Snare Polypectomy	\$2,330	\$5,727	\$3,449
Esophagogastroduodenoscopy (EGD) w/ Biopsy	\$2,322	\$5,621	\$3,516
Screening Colonoscopy	\$1,738	\$5,685	\$3,270
General Surgery Procedures	Minimum	Maximum	Average
Laparoscopic Appendectomy	\$8,107	\$12,798	\$9,752
Laparoscopic Cholecystectomy	\$6,072	\$16,080	\$9,450
Gynecology Procedures	Minimum	Maximum	Average
Sling Operation for Stress Incontinence	\$8,217	\$11,534	\$10,006
Interventional Radiology Procedures	Minimum	Maximum	Average
Abdominal Paracentesis	\$3,151	\$11,704	\$7,322
Orthopedic Procedures	Minimum	Maximum	Average
Lapidus Type Bunionectomy	\$29,479	\$68,436	\$47,486
Total Hip Arthroplasty	\$20,490	\$30,558	\$23,993
Total Knee Arthroplasty	\$19,185	\$27,921	\$23,126
Spine Procedures	Minimum	Maximum	Average
Anterior Cervical Discectomy & Fusion	\$15,031	\$26,305	\$20,718
Lumbar Laminectomy w/ Decompression of Nerve Roots	\$7,455	\$11,875	\$9,688

Charges for Common Laboratory Services as of March 2025

Date Range: 01/01/2025 - 03/31/2025	Price Range		
Laboratory Procedure	Minimum	Maximum	Average
Antibody Screen RBC	\$21	\$27	\$26
Basic Metabolic Panel (Calcium Total)	\$19	\$25	\$23
Blood Draw - Venipuncture	\$14	\$18	\$17
Blood Clotting Test - Prothrombin Time (PT)	\$14	\$18	\$17
Blood Type Test - ABO	\$7	\$9	\$9
Blood Type Test - RH Factor	\$7	\$9	\$9
Cardiac Test - Troponin	\$44	\$56	\$53
CBC with Differential	\$18	\$22	\$21
Comprehensive Metabolic Panel	\$26	\$34	\$32
COVID-19 Test	\$40	\$52	\$49
Direct Bilirubin Test	\$11	\$13	\$13
Group A Strep Screening Test	\$35	\$45	\$42
Lipase	\$14	\$18	\$17
Magnesium	\$11	\$13	\$13
Pregnancy Test (HCG - Qualitative Blood test)	\$18	\$22	\$21
Pregnancy Test (HCG - Quantitative Blood test)	\$42	\$54	\$51
Presumptive Drug Screening Test	\$98	\$126	\$118
Thyroid Stimulating Hormone	\$26	\$34	\$32
Urinalysis (UA) w/ Microscopic Analysis	\$16	\$20	\$19
Urinary Tract Infection Test	\$35	\$45	\$42
Urine Fentanyl Test	\$14	\$18	\$17

Charges for Common Radiology Services as of March 2025

Date Range: 01/01/2025 - 03/31/2025	Price Range		
CAT Scans	Minimum	Maximum	Average
CAT Scan Abdomen & Pelvis w/o Contrast	\$142	\$183	\$173
CAT Scan Abdomen & Pelvis w/ Contrast	\$275	\$354	\$335
CAT Scan Angiography Chest w/o & w/ Contrast	\$261	\$337	\$321
CAT Scan Cervical Spine w/o Contrast	\$164	\$211	\$199
CAT Scan Head/Brain w/o Contrast	\$93	\$120	\$114
Diagnostic Radiology	Minimum	Maximum	Average
X-Ray Chest 2 Views	\$72	\$94	\$89
X-Ray Chest 1 View	\$58	\$75	\$70
X-Ray Lumbosacral Spine 2-3 Views	\$101	\$131	\$122
X-Ray Right Shoulder > 2 Views	\$72	\$94	\$88
MRA/MRI	Minimum	Maximum	Average
MRA Head w/o Contrast	\$497	\$636	\$606
MRA Neck w/o Contrast	\$502	\$643	\$615
MRI Lumbar Spine w/o Contrast	\$224	\$287	\$270
MRI Brain w/o & w/ Contrast	\$395	\$506	\$473
Nuclear Medicine	Minimum	Maximum	Average
Nuclear Medicine Pulmonary Ventilation/Perfusion	\$1,463	\$1,872	\$1,803
Ultrasound	Minimum	Maximum	Average
Duplex Ultrasound - Abdomen/Pelvis/Retroperitoneal Limited	\$505	\$654	\$617
Ultrasound Abdomen Limited	\$260	\$337	\$315
Ultrasound Early Pregnancy	\$217	\$280	\$268
Ultrasound Pelvis Non-Obstetric Complete	\$235	\$301	\$285
Ultrasound Pregnancy Transvaginal	\$245	\$318	\$304
Ultrasound Transvaginal Non-Pregnant	\$361	\$467	\$443
Venous Duplex Ultrasound - Both Legs	\$664	\$860	\$824
Venous Duplex Ultrasound - Left Leg	\$404	\$524	\$502

*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:

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