

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](mailto: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 Page 3.)

| <b>Charges for Common Inpatient Surgical Procedures as of December 2025</b>  |                    |                |                |
|--|--------------------|----------------|----------------|
| <b>Date Range: 10/01/2025 - 12/31/2025</b>                                   | <b>Price Range</b> |                |                |
| <b>General Surgery Procedures</b>  | <b>Minimum</b>     | <b>Maximum</b> | <b>Average</b> |
| Laparoscopic Appendectomy  | \$9,133            | \$22,540       | \$13,814       |
| Laparoscopic Bowel Resection   | \$15,789           | \$30,667       | \$23,973       |
| Laparoscopic Cholecystectomy   | \$11,559           | \$39,534       | \$21,575       |
| Laparoscopic Gastric Bypass  | \$20,669           | \$46,637       | \$31,773       |
| <b>Gynecology Procedures</b>   | <b>Minimum</b>     | <b>Maximum</b> | <b>Average</b> |
| Abdominal Myomectomy   | \$12,903           | \$28,288       | \$18,079       |
| Total Abdominal Hysterectomy w/ & w/o Removal of Tube/Ovary                  | \$12,182           | \$37,922       | \$20,346       |
| <b>Neurosurgery Procedures</b>   | <b>Minimum</b>     | <b>Maximum</b> | <b>Average</b> |
| Craniotomy   | \$27,228           | \$87,688       | \$47,328       |
| <b>Obstetric Procedures</b>  | <b>Minimum</b>     | <b>Maximum</b> | <b>Average</b> |
| Cesarean Section w/o Complication  | \$7,844            | \$18,432       | \$10,913       |
| Cesarean Section w/ Complication   | \$8,422            | \$31,699       | \$13,564       |
| Vaginal Delivery w/o Complication  | \$8,244            | \$17,269       | \$10,969       |
| Vaginal Delivery w/ Complication   | \$8,492            | \$17,819       | \$12,035       |
| <b>Orthopedic Procedures</b>   | <b>Minimum</b>     | <b>Maximum</b> | <b>Average</b> |
| ORIF- Upper Femur  | \$20,726           | \$51,989       | \$28,814       |
| Partial Hip Replacement  | \$21,956           | \$41,636       | \$32,096       |
| <b>Charges for Common Outpatient Surgical Procedures as of December 2025</b> |                    |                |                |
| <b>Date Range: 10/01/2025 - 12/31/2025</b>                                   | <b>Price Range</b> |                |                |
| <b>Ear, Nose &amp; Throat Procedures</b>                                     | <b>Minimum</b>     | <b>Maximum</b> | <b>Average</b> |
| Hemi-Thyroidectomy (One side removal)  | \$9,047            | \$14,626       | \$11,357       |
| <b>Gastroenterology Procedures</b>   | <b>Minimum</b>     | <b>Maximum</b> | <b>Average</b> |
| Colonoscopy w/ Biopsy  | \$3,092            | \$5,678        | \$4,081        |
| Colonoscopy w/ Snare Polypectomy   | \$3,261            | \$5,282        | \$4,062        |
| Esophagogastroduodenoscopy (EGD)   | \$3,011            | \$8,296        | \$5,531        |
| EGD w/ Biopsy  | \$2,909            | \$9,908        | \$4,371        |
| EGD w/ Dilation  | \$3,211            | \$4,613        | \$3,617        |
| ERCP w/ Stent Removal & Stone Extraction                                     | \$5,731            | \$7,430        | \$6,545        |
| Screening Colonoscopy  | \$2,778            | \$8,921        | \$3,727        |
| Transendoscopic Ultrasound-Guided Fine Needle Biopsy                         | \$3,960            | \$9,565        | \$6,405        |
| <b>General Surgery Procedures</b>  | <b>Minimum</b>     | <b>Maximum</b> | <b>Average</b> |
| Fistulotomy  | \$3,846            | \$6,377        | \$4,682        |
| Laparoscopic Appendectomy  | \$7,360            | \$14,355       | \$10,280       |
| Laparoscopic Cholecystectomy   | \$6,494            | \$14,249       | \$10,062       |
| Laparoscopic Gastric Bypass (Roux-En-Y)                                      | \$15,326           | \$36,698       | \$27,748       |
| Laparoscopic Inguinal Hernia Repair  | \$9,008            | \$14,934       | \$11,507       |
| Laparoscopic Sleeve Gastrectomy  | \$13,951           | \$22,052       | \$17,634       |
| Repair of Anterior Abdominal Hernia  | \$12,203           | \$16,887       | \$14,904       |

| <b>Gynecology Procedures</b>                         | <b>Minimum</b> | <b>Maximum</b> | <b>Average</b> |
|--|----------------|----------------|----------------|
| Hysteroscopic Myomectomy                             | \$6,702        | \$13,554       | \$9,272        |
| Hysteroscopy w/ Biopsy                               | \$5,035        | \$10,638       | \$7,748        |
| Laparoscopic Adnexal Surgery                         | \$8,858        | \$16,451       | \$11,464       |
| Laparoscopic Myomectomy                              | \$13,100       | \$26,084       | \$18,871       |
| Laparoscopic Ovarian Cystectomy                      | \$8,929        | \$19,757       | \$13,274       |
| Total Laparoscopic Hysterectomy                      | \$10,259       | \$22,580       | \$15,340       |
| <b>Interventional Radiology Procedures</b>           | <b>Minimum</b> | <b>Maximum</b> | <b>Average</b> |
| Fine Needle Aspiration Biopsy Procedures             | \$1,589        | \$5,502        | \$2,947        |
| Mediport Placement                                   | \$1,980        | \$7,606        | \$3,685        |
| <b>Orthopedic Procedures</b>                         | <b>Minimum</b> | <b>Maximum</b> | <b>Average</b> |
| Total Hip Arthroplasty                               | \$21,317       | \$30,726       | \$25,250       |
| Total Knee Arthroplasty                              | \$17,461       | \$25,001       | \$20,395       |
| <b>Spine Procedures</b>                              | <b>Minimum</b> | <b>Maximum</b> | <b>Average</b> |
| Laminectomy, Facetectomy & Foraminotomy              | \$7,650        | \$10,929       | \$9,042        |
| <b>Vascular Procedures</b>                           | <b>Minimum</b> | <b>Maximum</b> | <b>Average</b> |
| Arteriovenous Fistula Creation with Autogenous Graft | \$6,975        | \$11,926       | \$9,312        |
| Lower Extremity Angiography                          | \$9,481        | \$20,959       | \$14,876       |

### **Charges for Common Laboratory Services as of December 2025**

| <b>Date Range: 10/01/2025 – 12/31/2025</b>   | <b>Price Range</b> |                |                |
|--|--------------------|----------------|----------------|
| <b>Laboratory Procedure</b>                  | <b>Minimum</b>     | <b>Maximum</b> | <b>Average</b> |
| Antibody Screen RBC                          | \$29               | \$30           | \$29           |
| Basic Metabolic Panel (Calcium Total)        | \$26               | \$27           | \$26           |
| Blood Alcohol Concentration Test             | \$71               | \$74           | \$72           |
| Blood Clotting Test - Prothrombin Time (PT)  | \$19               | \$20           | \$19           |
| Blood Draw - Venipuncture *                  | \$19               | \$20           | \$19           |
| Blood Type Test - ABO                        | \$10               | \$10           | \$10           |
| Blood Type Test - RH (D)                     | \$10               | \$10           | \$10           |
| Cardiac Test - Troponin                      | \$59               | \$62           | \$60           |
| CBC  | \$19               | \$20           | \$19           |
| CBC with Differential                        | \$24               | \$25           | \$24           |
| Comprehensive Metabolic Panel                | \$36               | \$37           | \$36           |
| COVID-19 Test/RSV/ Influenza A & B Test      | \$131              | \$131          | \$131          |
| Lipase                                       | \$19               | \$20           | \$19           |
| Magnesium                                    | \$14               | \$15           | \$14           |
| Phosphorus                                   | \$5                | \$5            | \$5            |
| Pregnancy Test (HCG Qualitative Blood test)  | \$24               | \$25           | \$24           |
| Pregnancy Test (HCG Quantitative Blood test) | \$57               | \$59           | \$58           |
| Presumptive Drug Screening Test              | \$133              | \$138          | \$135          |
| Urinalysis (UA) w/ Microscopic Analysis      | \$21               | \$22           | \$22           |
| Urinary Tract Infection Test                 | \$48               | \$49           | \$48           |
| Urine Pregnancy Test                         | \$24               | \$25           | \$24           |

## Charges for Common Radiology Services as of December 2025

| Date Range: 10/01/2025 - 12/31/2025                        | Price Range    |                |                |
|--|----------------|----------------|----------------|
| <b>CAT Scans</b>   | <b>Minimum</b> | <b>Maximum</b> | <b>Average</b> |
| CAT Scan Abdomen & Pelvis w/ Contrast                      | \$319          | \$332          | \$322          |
| CAT Scan Abdomen & Pelvis w/o Contrast                     | \$304          | \$316          | \$307          |
| CAT Scan Cervical Spine w/o Contrast                       | \$191          | \$198          | \$192          |
| CAT Scan Head/Brain w/o Contrast                           | \$108          | \$112          | \$109          |
| <b>Diagnostic Radiology</b>                                | <b>Minimum</b> | <b>Maximum</b> | <b>Average</b> |
| X-Ray Chest 2 Views  | \$102          | \$106          | \$103          |
| X-Ray Chest 1 View   | \$81           | \$85           | \$82           |
| X-Ray Lumbosacral Spine 2-3 Views                          | \$143          | \$148          | \$144          |
| <b>MRA/MRI</b>   | <b>Minimum</b> | <b>Maximum</b> | <b>Average</b> |
| MRA Head w/o Contrast                                      | \$818          | \$851          | \$825          |
| MRA Neck w/o Contrast                                      | \$827          | \$860          | \$834          |
| MRI Brain w/o Contrast                                     | \$387          | \$403          | \$391          |
| MRI Brain w/o & w/ Contrast                                | \$651          | \$677          | \$657          |
| <b>Nuclear Medicine</b>                                    | <b>Minimum</b> | <b>Maximum</b> | <b>Average</b> |
| Nuclear Medicine Pulmonary Ventilation/Perfusion           | \$2,536        | \$2,612        | \$2,555        |
| <b>Nuclear Medicine</b>                                    | <b>Minimum</b> | <b>Maximum</b> | <b>Average</b> |
| Duplex Ultrasound - Abdomen/Pelvis/Retroperitoneal Limited | \$713          | \$741          | \$716          |
| Ultrasound Abdomen Limited                                 | \$367          | \$381          | \$371          |
| Ultrasound Early Pregnancy                                 | \$305          | \$318          | \$308          |
| Ultrasound Fetal Biophysical Profile (BPP)                 | \$285          | \$297          | \$288          |
| Ultrasound Pelvis Non-Obstetric Complete                   | \$428          | \$445          | \$432          |
| Ultrasound Pregnancy >=14 weeks Single/First Gestation     | \$530          | \$551          | \$535          |
| Ultrasound Pregnancy Transvaginal                          | \$346          | \$360          | \$350          |
| Ultrasound Transvaginal Non-Pregnant                       | \$509          | \$530          | \$514          |

\*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:**

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| <p><b>Anesthesiologists, US Anesthesia Partners</b><br/>888-339-8727</p> <p><b>Cardiologists, Associates in Cardiology</b><br/>301-681-5700</p> <p><b>ER Physicians, Vuity Emergency Medicine Service</b><br/>Billing Group: Vuity<br/>800-498-7157</p> <p><b>Hospitalists, Vuity Hospital Medicine Service</b><br/>Billing Group: Vuity<br/>800-498-7157</p> <p><b>Intensivists, Capital Critical Care, LLC</b><br/>Maximus Medical Billing, LLC<br/>301-774-1320</p> | <p><b>Neonatologists, Community Neonatal Associates</b><br/>240-566-1600</p> <p><b>Perinatologists, Greater Washington Maternal Fetal Medicine</b><br/>202-741-3560</p> <p><b>Radiologists, Professional Services of Holy Cross</b><br/>833-961-2458</p> <p><b>Pathologists, Pathology Assoc. of Silver Spring</b><br/>Billing Group: Ventra Health<br/>972-861-1270</p> <p><b>Other Healthcare Providers, Professional Services of Holy Cross</b><br/>833-961-2458</p> |
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