



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 March 2026</b>			
Date Range: 01/01/2026 - 03/31/2026	Price Range		
<b>General Surgery Procedures</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
Laparoscopic Appendectomy	\$8,290	\$35,762	\$15,781
Laparoscopic Bowel Resection	\$21,546	\$48,631	\$32,661
Laparoscopic Cholecystectomy	\$13,335	\$28,741	\$19,876
<b>Gynecology Procedures</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
Abdominal Myomectomy	\$12,570	\$21,574	\$17,732
Total Abdominal Hysterectomy w/ & w/o Removal of Tube/Ovary	\$13,626	\$40,484	\$21,426
<b>Obstetric Procedures</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
Cesarean Section w/o Complication	\$7,926	\$20,332	\$11,458
Cesarean Section w/ Complication	\$8,178	\$27,104	\$13,607
Vaginal Delivery w/o Complication	\$8,251	\$18,022	\$11,140
Vaginal Delivery w/ Complication	\$9,113	\$21,289	\$12,389
<b>Orthopedic Procedures</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
ORIF- Upper Femur	\$15,320	\$45,502	\$26,892
Partial Hip Replacement	\$19,316	\$59,336	\$30,302
Total Hip Replacement	\$21,752	\$57,831	\$29,634
<b>Charges for Common Outpatient Surgical Procedures as of March 2026</b>			
Date Range: 01/01/2026 - 03/31/2026	Price Range		
<b>Gastroenterology Procedures</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
Colonoscopy w/ Biopsy	\$3,079	\$5,604	\$3,919
Colonoscopy w/ Snare Polypectomy	\$3,258	\$4,707	\$3,936
Esophagogastroduodenoscopy (EGD)	\$2,568	\$8,091	\$5,081
EGD w/ Biopsy	\$2,965	\$11,106	\$5,331
EGD w/ Dilation	\$3,027	\$5,807	\$3,934
Screening Colonoscopy	\$2,658	\$4,916	\$3,380
Transendoscopic Ultrasound-Guided Fine Needle Biopsy	\$4,873	\$11,460	\$6,914
<b>General Surgery Procedures</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
Laparoscopic Appendectomy	\$6,839	\$13,059	\$9,722
Laparoscopic Cholecystectomy	\$6,805	\$15,978	\$10,396
Laparoscopic Gastric Bypass (Roux-En-Y)	\$17,174	\$35,912	\$25,815
Laparoscopic Inguinal Hernia Repair	\$9,573	\$17,340	\$12,388
Laparoscopic Sleeve Gastrectomy	\$13,873	\$20,110	\$17,081
Repair of Anterior Abdominal Hernia	\$7,169	\$16,248	\$11,762
<b>Gynecology Procedures</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
Abdominal Myomectomy	\$11,494	\$19,266	\$14,535
Hysteroscopic Myomectomy	\$6,640	\$11,225	\$8,329
Hysteroscopy w/ Biopsy	\$4,878	\$11,675	\$7,497
Laparoscopic Adnexal Surgery	\$8,923	\$18,207	\$12,163
Laparoscopic Myomectomy	\$10,086	\$23,173	\$15,815
Laparoscopic Ovarian Cystectomy	\$8,314	\$22,292	\$13,304
Total Laparoscopic Hysterectomy	\$9,941	\$23,582	\$15,603

<b>Interventional Radiology Procedures</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
Abdominal Paracentesis	\$1,856	\$14,173	\$7,080
Fine Needle Aspiration Biopsy Procedures	\$1,785	\$3,211	\$2,622
Mediport Placement	\$2,127	\$6,942	\$3,935
<b>Neurology Procedure</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
Cerebral Angiogram	\$2,351	\$5,789	\$4,122
<b>Orthopedic Procedures</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
Total Hip Arthroplasty	\$19,355	\$29,834	\$23,972
Total Knee Arthroplasty	\$16,032	\$26,562	\$20,163
Total Shoulder Arthroplasty	\$23,708	\$37,780	\$27,657
<b>Pulmonary Procedures</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
Endobronchial Ultrasound Guided Bronchoscopy with needle sampling	\$9,400	\$26,439	\$17,026
<b>Urology Procedures</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
Cystourethroscopy w/ Lithotripsy & Insertion of Ureteral Stent	\$6,315	\$11,650	\$8,372
Holmium laser enucleation of the prostate (HoLEP)	\$8,894	\$13,307	\$10,881
TransUrethral Resection of the Prostate (TURP)	\$4,736	\$10,983	\$7,655
<b>Vascular Procedures</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
Arteriovenous Fistula Creation with Autogenous Graft	\$6,204	\$9,614	\$8,542
Arteriovenous Fistula Creation with Non-autogenous Graft	\$7,037	\$15,634	\$11,387

### **Charges for Common Laboratory Services as of March 2026**

<b>Date Range: 01/01/2026 - 03/31/2026</b>	<b>Price Range</b>		
<b>Laboratory Procedure</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
Antibody Screen RBC	\$29	\$35	\$30
Basic Metabolic Panel (Calcium Total)	\$27	\$32	\$27
Blood Alcohol Concentration Test	\$73	\$88	\$75
Blood Clotting Test - Prothrombin Time (PT)	\$19	\$23	\$20
Blood Draw - Venipuncture *	\$19	\$23	\$20
Blood Type Test - ABO	\$10	\$12	\$10
Blood Type Test - RH (D)	\$10	\$12	\$10
Cardiac Test - Troponin	\$61	\$73	\$62
CBC	\$19	\$23	\$20
CBC with Differential	\$24	\$29	\$25
Comprehensive Metabolic Panel	\$36	\$44	\$37
COVID-19 Test/RSV/ Influenza A & B Test	\$131	\$131	\$131
Lipase	\$19	\$23	\$20
Magnesium	\$15	\$18	\$15
Phosphorus	\$5	\$6	\$5
Pregnancy Test (HCG Qualitative Blood test)	\$24	\$29	\$25
Pregnancy Test (HCG Quantitative Blood test)	\$58	\$70	\$60
Presumptive Drug Screening Test	\$136	\$164	\$139
Urinalysis (UA) w/ Microscopic Analysis	\$22	\$26	\$22
Urinary Tract Infection Test	\$48	\$59	\$50
Urine Pregnancy Test	\$24	\$29	\$25

## Charges for Common Radiology Services as of March 2026

Date Range: 01/01/2026 - 03/31/2026	Price Range		
<b>CAT Scans</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
CAT Scan Abdomen & Pelvis w/ Contrast	\$325	\$394	\$334
CAT Scan Angiography Chest w/o & w/ Contrast	\$310	\$375	\$317
CAT Scan Cervical Spine w/o Contrast	\$194	\$235	\$200
CAT Scan Head/Brain w/o Contrast	\$110	\$134	\$113
<b>Diagnostic Radiology</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
X-Ray Chest 2 Views	\$104	\$126	\$106
X-Ray Chest 1 View	\$83	\$101	\$85
X-Ray Lumbosacral Spine 2-3 Views	\$145	\$176	\$148
<b>MRA/MRI</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
MRA Head w/o Contrast	\$834	\$1,011	\$850
MRA Neck w/o Contrast	\$843	\$1,021	\$861
MRI Brain w/o Contrast	\$394	\$478	\$404
MRI Brain w/o & w/ Contrast	\$663	\$804	\$676
<b>Nuclear Medicine</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
HIDA Scan w/ Pharmacologic Intervention	\$3,683	\$4,464	\$3,771
Nuclear Medicine Pulmonary Ventilation/Perfusion	\$2,559	\$3,102	\$2,620
<b>Ultrasound</b>	<b>Minimum</b>	<b>Maximum</b>	<b>Average</b>
Duplex Ultrasound - Abdomen/Pelvis/Retroperitoneal Complete	\$1,308	\$1,585	\$1,343
Ultrasound Abdomen Limited	\$374	\$453	\$382
Ultrasound Early Pregnancy	\$311	\$377	\$319
Ultrasound Fetal Biophysical Profile (BPP)	\$291	\$352	\$297
Ultrasound Pelvis Non-Obstetric Complete	\$436	\$528	\$447
Ultrasound Pregnancy >=14 weeks Single/First Gestation	\$540	\$654	\$554
Ultrasound Pregnancy Transvaginal	\$353	\$428	\$361
Ultrasound Transvaginal Non-Pregnant	\$519	\$629	\$532

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