HOLY CROSS HOSPITAL

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 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.)

Charges for Common Inpatient Surgical Procedures as of September 2026

Date Range: 07/01/2026 - 09/30/2026	Price Range		
General Surgery Procedures	**Minimum**	**Maximum**	**Average**
Laparoscopic Appendectomy	$10,695	$29,511	$17,309
Laparoscopic Bowel Resection	$14,642	$39,585	$25,882
Laparoscopic Cholecystectomy	$11,432	$31,978	$18,614
Gynecology Procedures	**Minimum**	**Maximum**	**Average**
Abdominal Myomectomy	$9,610	$23,072	$17,581
Total Abdominal Hysterectomy w/ & w/o Removal of Tube/Ovary	$12,087	$27,987	$19,258
Neurosurgery Procedures	**Minimum**	**Maximum**	**Average**
Craniotomy	$26,553	$57,965	$37,605
Obstetric Procedures	**Minimum**	**Maximum**	**Average**
Cesarean Section w/o Complication	$8,974	$21,128	$12,510
Cesarean Section w/ Complication	$9,213	$25,568	$14,387
Vaginal Delivery w/o Complication	$8,608	$17,972	$11,739
Vaginal Delivery w/ Complication	$9,073	$19,592	$12,270
Orthopedic Procedures	**Minimum**	**Maximum**	**Average**
ORIF- Upper Femur	$8,987	$39,943	$24,229
Partial Hip Replacement	$20,250	$42,850	$26,456
Total Hip Replacement	$21,059	$46,547	$31,243
Total Knee Replacement	$19,576	$64,503	$30,565

Charges for Common Outpatient Surgical Procedures as of September 2026

Date Range: 07/01/2026 – 09/30/2026	Price Range		
Gastroenterology Procedures	**Minimum**	**Maximum**	**Average**
Colonoscopy w/ Snare Polypectomy	$2,819	$4,613	$3,817
Esophagogastroduodenoscopy (EGD)	$2,296	$8,071	$4,702
EGD w/ Biopsy	$2,992	$11,757	$5,635
ERCP with Stent Removal & Stone Extraction	$5,074	$15,201	$10,274
Screening Colonoscopy	$2,491	$8,170	$3,586
Transendoscopic Ultrasound-Guided Fine Needle Biopsy	$4,467	$13,327	$7,635
General Surgery Procedures	**Minimum**	**Maximum**	**Average**
Laparoscopic Appendectomy	$6,743	$12,627	$9,278
Laparoscopic Cholecystectomy	$6,328	$16,250	$10,297
Laparoscopic Gastric Bypass (Roux-En-Y)	$14,925	$34,862	$24,878
Laparoscopic Sleeve Gastrectomy	$12,618	$20,072	$15,472
Partial Mastectomy	$6,461	$20,108	$13,020
Gynecology Procedures	**Minimum**	**Maximum**	**Average**
Abdominal Myomectomy	$13,229	$20,690	$16,406
Hysteroscopic Myomectomy	$6,561	$14,373	$8,359
Hysteroscopy w/ Biopsy	$4,684	$11,149	$7,461
Laparoscopic Adnexal Surgery	$7,872	$16,990	$11,239
Laparoscopic Ovarian Cystectomy	$7,886	$20,403	$12,425
Total Laparoscopic Hysterectomy	$8,890	$21,710	$13,927

Interventional Radiology Procedures	Minimum	Maximum	Average
Abdominal Paracentesis	$1,355	$12,631	$6,447
Mediport Placement	$1,743	$6,113	$3,363
Neurology Procedure	**Minimum**	**Maximum**	**Average**
Cerebral Angiogram	$3,226	$8,878	$5,727
Orthopedic Procedures	**Minimum**	**Maximum**	**Average**
Total Hip Arthroplasty	$18,767	$29,420	$24,721
Total Knee Arthroplasty	$16,064	$23,468	$19,321
Pulmonary Procedures	**Minimum**	**Maximum**	**Average**
Diagnostic Bronchoscopy	$3,920	$21,838	$12,887
Endobronchial Ultrasound Guided Bronchoscopy with needle sampling	$8,837	$26,070	$15,786
Spine Procedures	**Minimum**	**Maximum**	**Average**
Laminectomy, facetectomy, and foraminotomy	$5,530	$11,579	$7,328
Urology Procedures	**Minimum**	**Maximum**	**Average**
Cystourethroscopy w/ Lithotripsy & Insertion of Ureteral Stent	$4,596	$12,922	$7,446

Charges for Common Laboratory Services as of September 2026

Date Range: 07/01/2026 – 09/30/2026	**Price Range**		
Laboratory Procedure	**Minimum**	**Maximum**	**Average**
Antibody Screen RBC	$27	$31	$28
Basic Metabolic Panel (Calcium Total)	$25	$28	$25
Blood Alcohol Concentration Test	$68	$77	$70
Blood Clotting Test - Prothrombin Time (PT)	$18	$21	$19
Blood Draw - Venipuncture *	$18	$21	$19
Blood Type Test - ABO	$9	$10	$9
Blood Type Test - RH (D)	$9	$10	$9
B-type Natriuretic Peptide (BNP) test	$68	$77	$70
Cardiac Test - Troponin	$57	$64	$58
CBC	$18	$21	$19
CBC with Differential	$23	$26	$23
Comprehensive Metabolic Panel	$34	$38	$35
Lipase	$18	$21	$19
Magnesium	$14	$15	$14
Phosphorus	$5	$5	$5
Pregnancy Test (HCG Qualitative Blood test)	$23	$26	$23
Pregnancy Test (HCG Quantitative Blood test)	$54	$62	$56
Thyroid Stimulating Hormone	$34	$38	$35
Urinalysis (UA) w/ Microscopic Analysis	$20	$23	$21
Urine Pregnancy Test	$23	$26	$23
Urinary Tract Infection Test	$45	$51	$46

Charges for Common Radiology Services as of September 2026

Date Range: 07/01/2026 – 09/30/2026	**Price Range**		
CAT Scans	**Minimum**	**Maximum**	**Average**
CAT Scan Abdomen & Pelvis w/o Contrast	$167	$178	$169
CAT Scan Abdomen & Pelvis w/ Contrast	$323	$345	$328
CAT Scan Angiography Chest w/o & w/ Contrast	$307	$328	$312
CAT Scan Head/Brain w/o Contrast	$109	$117	$111
Diagnostic Radiology	**Minimum**	**Maximum**	**Average**
X-Ray Abdomen 1 View	$84	$88	$85
X-Ray Chest 2 Views	$105	$110	$106
X-Ray Chest 1 View	$84	$88	$85

MRA/MRI	Minimum	Maximum	Average
MRA Head w/o Contrast	$872	$910	$882
MRA Neck w/o Contrast	$882	$920	$892
MRI Brain w/o Contrast	$413	$430	$418
MRI Brain w/o & w/ Contrast	$694	$724	$704
Nuclear Medicine	**Minimum**	**Maximum**	**Average**
HIDA Scan	$2,480	$2,842	$2,521
Nuclear Medicine Pulmonary Ventilation/Perfusion	$2,364	$2,709	$2,441
Ultrasound	**Minimum**	**Maximum**	**Average**
Duplex Ultrasound - Abdomen/Pelvis/Retroperitoneal Complete	$1,321	$1,384	$1,337
Ultrasound Abdomen Limited	$377	$396	$383
Ultrasound Early Pregnancy	$314	$330	$318
Ultrasound Fetal Biophysical Profile (BPP)	$293	$308	$297
Ultrasound Pelvis Non-Obstetric Complete	$440	$461	$446
Ultrasound Pregnancy>/=14 weeks Single/First Gestation	$545	$571	$552
Ultrasound Pregnancy Transvaginal	$356	$374	$361
Ultrasound Transvaginal Non-Pregnant	$524	$549	$531

*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:

Provider Groups

Anesthesiologists, US Anesthesia Partners
888-339-8727

Cardiologists, Associates in Cardiology
301-681-5700

ER Physicians, Vituity Emergency Medicine Service
Billing Group: Vituity
800-498-7157

Hospitalists, Vituity Hospital Medicine Service
Billing Group: Vituity
800-498-7157

Intensivists, Capital Critical Care, LLC
Maximus Medical Billing, LLC
301-774-1320

Neonatologists, Community Neonatal Associates
240-566-1600

Perinatalogists, Greater Washington Maternal Fetal Medicine
202-741-3560

Radiologists, Professional Services of Holy Cross
833-961-2458

Pathologists, Pathology Assoc. of Silver Spring
Billing Group: Ventra Health
972-861-1270

Other Healthcare Providers, Professional Services of Holy Cross
833-961-2458