

THOMAS HOSPITALS

Patient Price Information List

In compliance with state law, Thomas Health is providing this price list containing our charges for room and board, emergency department, operating room, delivery, physical therapy and other procedures. The hospitals' charges are the same for all patients, but a patient's responsibility may vary, depending on payment plans negotiated with individual health insurers. Uninsured or underinsured patients should consult with our admitting and billing staff to determine whether they qualify for discounts. These prices are correct as of February 1, 2021.

For questions please call our billing department at 304.766.5615

Laboratory

The following charges reflect the most common services offered by our lab department. Patients may have additional charges, depending on the services performed.

Basic Metabolic Panel - BMP (80048)

Self-Pay	Blue Cross Blue Shield	Medicare
\$29.75	\$34.17	\$8.46
CBC with Auto [Diff (85025)	
Self-Pay	Blue Cross Blue Shield	Medicare
\$25.20	\$31.38	\$7.77
Comprehensive	Metabolic Panel - CMP (80053)	
Self-Pay	Blue Cross Blue Shield	Medicare
\$37.28	\$41.41	\$10.56
C-Reactive Prote	ein (86140)	
Self-Pay	Blue Cross Blue Shield	Medicare
\$18.55	\$20.92	\$12.00
Hemoglobin A1	C (83036)	
Self-Pay	Blue Cross Blue Shield	Medicare
\$14.00	\$39.22	\$9.71

LDL Cholesterol DM (83271)

LDL Cholesterol Dr	VI (8327 I)	
Self-Pay	Blue Cross Blue Shield	Medicare
\$33.60	\$42.41	\$10.50
Lipid Panel (80061)	
Self-Pay	Blue Cross Blue Shield	Medicare
\$47.25	\$54.09	\$13.39
Microalbumin Urin	e (82043)	
Self-Pay	Blue Cross Blue Shield	Medicare
\$18.90	\$22.67	\$5.78
Prostate Specific A	ntigen Diagnostic - PSA (84153)
Self-Pay	Blue Cross Blue Shield	Medicare
\$59.68	\$74.72	\$18.39
Prothrombin Time	- PT/INR (85610)	
Self-Pay	Blue Cross Blue Shield	Medicare
\$12.78	\$17.32	\$4.29
T4 Free Thyrox (84	1439)	
Self-Pay	Blue Cross Blue Shield	Medicare
\$29.23	\$36.43	\$9.02
TSH (84443)		
Self-Pay	Blue Cross Blue Shield	Medicare
\$54.43	\$67.86	\$16.80
Vitamin B12 Blood	Test (82607)	
Self-Pay	Blue Cross Blue Shield	Medicare
\$53.03	\$60.90	\$15.08
Vitamin D, 25 Hydr	oxy (82306)	
Self-Pay	Blue Cross Blue Shield	Medicare
\$103.95	\$116.07	\$29.60