

Hospital charges are made available to the public in order to provide useful information to our patients and community regarding the cost of care for the most common inpatient and outpatient procedures performed at Shady Grove Medical Center. Please note that these are estimates and are subject to change. The actual cost of your procedure may be higher or lower based on your specific clinical needs. Hospital rates are set in compliance with the Maryland Health Services Cost Review Commission (HSCRC). This information will be updated on a quarterly basis and reflects actual charges for the 12 months ending June 30, 2023. Patients may request an estimate of charges for a specific procedure by calling the *Patient Access Department at (240) 724-6018*.

| Common Inpatient Procedures                                  | Average Charges |
|--|-----------------|
| Septicemia & disseminated infections                         | \$ 21,69        |
| Heart failure  | \$ 58,96        |
| Other pneumonia  | \$ 13,51        |
| Kidney & urinary tract infections                            | \$ 11,59        |
| Acute kidney unjury  | \$ 12,47        |
| Major respiratory infections & inflammations                 | \$ 12,31        |
| CVA & precerebral occlusion w infarct                        | \$ 13,25        |
| Procedures for obesity                                       | \$ 28,74        |
| Disorders of pancreas except malignancy                      | \$ 6,84         |
| Diabetes   | \$ 10,76        |
| Chronic obstructive pulmonary diseas                         | \$ 13,59        |
| Intestional obstruction                                      | \$ 9,84         |
| Infectious & parasitic diseases including HIV w OR procedure | \$ 39,67        |
| Pulmonary embolism   | \$ 11,50        |
| Cardiac arrhythmia & conduction disorders                    | \$ 11,31        |
| Peptic ulcer & gastritis                                     | \$ 13,70        |
| Other & unspecified gastrointestional hemorrhage             | \$ 11,18        |

|                              | Average |
|------------------------------|---------|
| Common Outpatient Procedures | Charges |

| Upper gastrointestinal endoscopy w/biopsy, single or multiple  | \$<br>4,050  |
|--|--------------|
| Laparoscopy, cholecystectomy   | \$<br>16,240 |
| Colonoscopy with biopsy  | \$<br>4,146  |
| Colonoscopy with removal of tumors by snare technique  | \$<br>4,444  |
| Colonoscopy, flexible diagnostic including collection of specimen(s) by brushing or washing                                      | \$<br>3,265  |
| Colonoscopy, flexible with endosopic mucosal resection   | \$<br>5,824  |
| Cataract removal and insertion of lens   | \$<br>7,154  |
| Biopsy prostate any approach   | \$<br>4,088  |
| Arthroplasty, knee, condyle and plateau; medial and lateral compartments w or w/o patella resurfacing (total knee arthroplasty)  | \$<br>37,810 |
| Esophagogastroduodenoscopy transoral diagnostic  | \$<br>3,060  |
| Esophagogastroduodenoscopy transoral with endoscopic ultrasound limited to eesophagus, stomach, duodenum and adjacent structures | \$<br>4,018  |

## Ancillary Services at Fort Washington Medical Center

|   | Avg       |  |
|---|-----------|--|
| Laboratory  | Charge    |  |
| Blood Count Complete                              | \$ 28.78  |  |
| Comprehensive metabolic panel ( w CO2, AST)       | \$ 43.13  |  |
| Covid Testing                                     | \$ 172.63 |  |
| Urinalysis, auto, w/o scope                       | \$ 11.58  |  |
| Assay of Troponin, quantitative                   | \$ 72.14  |  |
| Gonadotropin Chorionic Quantitative               | \$ 67.34  |  |
| Prothrombin Time                                  | \$ 24.00  |  |
| Basic Metabolic panel (w Calcium)                 | \$ 32.29  |  |
| Assay of Magnesium                                | \$ 17.62  |  |
| Level IV Surg Pathaology Gross & Microscopic Exam | \$ 175.07 |  |
| Assay of Lipase                                   | \$ 22.75  |  |
| Drug tests  | \$ 23.38  |  |
| Assay of Lactate                                  | \$ 57.78  |  |
| Urinalysis, auto, w/ scope                        | \$ 14.39  |  |
| Culture by Nucleic acid (DNA or RNA) probe,       |           |  |
| amplified probe technique per culture             | \$ 68.02  |  |

| Radiology   | Avg Charge |
|---|------------|
| X-Ray foot - complete minimun 3 views                 | \$168.91   |
| X-Ray hand, minimum 3 views                           | \$168.49   |
| X-Ray Knee, complete                                  | \$224.17   |
| X-Ray ankle complete minimum 3 view                   | \$168.77   |
| Duplex scan of arterial inflow and venous outflow of  | \$777.41   |
| Ultrasound, abdominal, limited                        | \$507.93   |
| CT Angiography, chest (non coronary) w & w/o contrast | \$373.67   |
| CT Head/Brain w/o contrast                            | \$134.52   |
| X-Ray Chest, 2 views                                  | \$144.22   |
| X-Ray Chest, 1 view                                   | \$112.50   |
| X-Ray hip unilateral, 2-3 views                       | \$225.90   |
| X-Ray Shoulder, minimum 2 views                       | \$140.59   |
| CT Cervical Spine w/o contrast                        | \$236.77   |
| CT Abdomen & Pelvis w/contrast                        | \$386.54   |
|   |            |
| CT Abdomen & Pelvis w/o contrast                      | \$207.58   |

## Physician Groups at Fort Washington Medical Center

Hospital charges do not include physician and other provider services that are billed separately. Other providers may include your attending

| Group                                     | Billing Questions |
|---|-------------------|
| Adventist Medical Group                   | 410-872-9187      |
| US Acute Care Solutions - Mid Atlantic ER | 877-763-1373      |
| Anesthesia- NAPA                          | 516-370-3836      |
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