

At Glen Rose Medical Center (GRMC) we are committed to providing affordable, high-quality care that is valued by the neighbors we serve. We are proud to make the pricing for our highest volume services available as well as a complete list of our services. Please see our [Chargemaster link](#) and [Shoppable Services link](#).

The Center for Medicare and Medicaid Services (CMS) requires providers to publish their pricing for 300 shoppable services. Some of the 300 services were named by CMS and others were considered shoppable by GRMC because they are high volume services provided by our hospital. Below is a general overview of our services. We have broken them down into the following six categories for ease of your review.

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## ER Hospital Charges

The level of care assigned to your ER visit is based upon CPT coding guidelines and the care provided during your visit. The prices posted are for the hospital only. GRMC uses a separate contracted company to provide licensed, accredited ER doctors. That company will bill separately for the ER doctor's professional services. Any additional services provided by specialty or consulting physicians will also be billed separately.

This listing is only for the hospital facility charge. Although many patients receive bills with just the charge for the visit, there are instances where diagnostic testing, procedures, labs, and pharmaceutical charges will result in additional charges. You may find the charge associated with additional services by going to our [Chargemaster Link](#).

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## Outpatient Lab and Pathology-Hospital

For ease of your review, we have provided you with the pricing of our most frequently performed laboratory tests on our [Shoppable Services link](#). Additional services or tests can be found on our [Chargemaster link](#). Pathology charges are billed separately as we do not do these in-house but send them to a Pathology Group.

### Facts about the Value of our Laboratory Services

- Our laboratory goals are to provide efficient, high quality care in a timely manner, and to assure accurate results.

- Glen Rose Medical Center's Laboratory Services are fully accredited by The Joint Commission.
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## Outpatient Radiology Services-Hospital

Glen Rose Medical Center bills for ONLY the facility Radiology Services. GRMC contracts with a Radiology Group for professional interpretation thus the professional fee will be billed separately. We have provided some of our most common radiology services in our Shoppable Services Link. All other radiology services are listed in our Chargemaster Link.

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## Outpatient Surgical Services-Hospital

The information in this section is the average charge amount for our top outpatient surgical procedures, but also includes other procedures considered “shoppable” by the Medicare program. The charge amount noted next to each of these codes represents the **average charges** associated with cases where this is the only operative procedure. It does not include any professional charges from providers such as Anesthesiologists, Nurse Practitioners, attending physicians and surgeons. These charges purely represent the facility-related charges billed by the HOSPITAL. You will receive separate bills for the professional services provided. Your services will be based upon your specific needs and could be higher or lower than our published average. Additional pricing information can be obtained for other Outpatient Surgeries in our Chargemaster Link.

Surgical Implants vary in cost and are in addition to the average charge listed.

Please remember that the information provided is just an estimate, your charges may be higher or lower based upon your individual needs.

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## Outpatient Medical Services-Hospital

Therapy services are charged based upon the evaluation, services, or exercises that are provided. Many of the therapy billing codes are identified as "per 15 minute" codes requiring that the hospital bill a quantity of 1 for each 15 minutes of service provided. An exercise service lasting 30 minutes would be billed with a quantity of 2. Please be aware of your insurance company's requirements for authorization and coverage of these services.

Injection services are charged per each administration that is given. Infusion services are charged by the hour. An infusion lasting for 3 hours will have an initial hour charge and 2 charges for additional hours.

Cardiology Procedures listed do not include interpretation professional fees. Those charges will bill separately.

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## Inpatient Admissions-Hospital

Many inpatient services are paid by your insurance based upon a DRG basis. A DRG, or diagnostic related grouping, is how Medicare and **most major** health insurance companies categorize hospitalization costs and determine how much to pay for a patient's hospital stay. The DRG is calculated from a combination of diagnoses and procedures that are specific to you during your hospital stay. DRG descriptions include CC and/or MCC. CC is a complication or chronic disease. MCC is a major complication or chronic disease. The information available in the Chargemaster link is the average charge amounts for GRMC's top DRG services based upon common groupings related to a specific illness. This can provide you with an estimate of what an inpatient hospital stay could cost.

Please remember that the information provided is just an average, your charges may be higher or lower based upon your individual needs.