

## CHARGEMASTER OVERVIEW FORM

Date Submitted to ADHS:	MM/DD/YYYY
<a href="#">Hospital Facility ID Number Issued by ADHS (see Facility ID list on website)</a>	MED0246
Facility Name:	Summit Healthcare Regional Medical Center
Street Address:	2200 Show Lake Rd
City:	Show Low
Zip:	85901
County:	Navajo
Type of Control (Drop Down Box):	Not for Profit
Hospital Classification (Drop Down Box):	General
Licensed Capacity:	89 beds
Implementation Date of Rates and Charges:	01/01/2019
Percent Increase:	4.00%
Gross Patient Revenue - Existing::	
Gross Patient Revenue - Proposed:	
Previous Increase Date:	01/01/2018
Previous Increase Percent:	5.00%
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<b>ORANGE CELLS ARE REQUIRED.</b>	<b>Hospital Charge Code</b>	<b>Proposed Rate</b>	<b>Existing Rate</b>	<b>Increase Amount</b>	<b>Percent Increased</b>
<b>Daily Charge for:</b>					
Private Room:		\$ 1,444.26	\$ 1,388.71	\$ 55.55	4.0%
Semi-Private Room:		\$ -	\$ -	\$ -	0.0%
Pediatric Bed:		\$ -	\$ -	\$ -	0.0%
Nursery Bed:		\$ 1,237.62	\$ 1,190.02	\$ 47.60	4.0%
Pediatric Intensive Care Bed:		\$ -	\$ -	\$ -	0.0%
Neonatal Intensive Care Bed:		\$ -	\$ -	\$ -	0.0%
Cardiovascular Intensive Care Bed:		\$ -	\$ -	\$ -	0.0%
Swing Bed:		\$ 600.00	\$ 600.00	\$ -	0.0%
Rehabilitation Bed:		\$ -	\$ -	\$ -	0.0%
Skilled Nursing Bed:		\$ -	\$ -	\$ -	0.0%
<b>Minimum Charge for:</b>					
Labor and Delivery:		\$ 4,320.33	\$ 4,154.16	\$ 166.17	4.0%
Trauma Team Activaton:		\$ 3,651.81	\$ 3,511.36	\$ 140.45	4.0%
EEG:		\$ 1,587.84	\$ 1,526.77	\$ 61.07	4.0%
EKG:		\$ 399.30	\$ 383.94	\$ 15.36	4.0%
Complete Blood County with Differential:		\$ 226.21	\$ 217.51	\$ 8.70	4.0%
Blood Bank Crossmatch:		\$ 87.55	\$ 84.18	\$ 3.37	4.0%
Lithotripsy:		\$ 10,262.80	\$ 9,868.08	\$ 394.72	4.0%
X-ray:		\$ 329.19	\$ 316.53	\$ 12.66	4.0%
IVP:		\$ 309.22	\$ 297.33	\$ 11.89	4.0%
Respiratory Therapy session with a Small Volume Nebulizer:		\$ 337.56	\$ 324.58	\$ 12.98	4.0%
CT scan of a head without contrast medium:		\$ 2,162.58	\$ 2,079.40	\$ 83.18	4.0%
CT scan of an abdomen with contrast medium:		\$ 4,532.20	\$ 4,357.88	\$ 174.32	4.0%
Abdomen Ultrasound:		\$ 1,583.56	\$ 1,522.65	\$ 60.91	4.0%
Brain MRI without contrast medium:		\$ 2,959.72	\$ 2,845.88	\$ 113.84	4.0%
15 minutes of Physical Therapy:		\$ 291.73	\$ 280.51	\$ 11.22	4.0%

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Daily rate for Behavioral Health Services for:					
Adult Patient:		\$ -	\$ -	\$ -	0.0%
Adolescent Patient:		\$ -	\$ -	\$ -	0.0%
Pediatric Patient:		\$ -	\$ -	\$ -	0.0%