

FEE SCHEDULE FOR INSURED PATIENTS

Ambulance	\$45-\$240
Appliances (Crutches, Casts, Braces)	Varies
Patient Transport	\$220
Per Diem Surcharge	\$1,750

Preferred Accommodations	Acute	Chronic
Semi-private (Per Day)	\$250	\$45
Private (Per Day)	\$290	\$65

FEE SCHEDULE FOR UNINSURED PATIENTS

Inpatient fees (Per Day)		Outpatient fees (Per Visit)	
Standard ward	\$2,800	Ambulance	\$240
Newborn	\$1,600	Emergency visit	\$700+\$200 physician fee
Intensive care	\$4,200	Outpatient clinic*	\$700
Close Observation (GH only)	\$3,500	Dialysis Clinic	\$500
Special care nursery	\$2,400		

*A \$200 physician fee may apply to applicable outpatient clinic locations

Quotes for costs for surgery or use of specialized clinics (such as oncology or dialysis) can be obtained by contacting the Finance Department.

Additional charges for crutches, casts and other appliances as well as diagnostic imaging will apply.

Please note that uninsured patients may be required to place a refundable deposit with the hospital prior to service delivery.

All uninsured patients will also receive a separate bill for physician's care.