

Rate Schedule for Patients



FEE SCHEDULE FOR INSURED PATIENTS

Ambulance	\$45-\$240	
Appliances (Crutches, Casts, Braces)	Varies	
Patient Transport	\$220	
Per Diem Surcharge	\$400	
Preferred Accommodations	Acute	Chronic
Semi-private (Per Day)	\$300	\$300
Private (Per Day)	\$350	\$350

FEE SCHEDULE FOR UNINSURED PATIENTS

Inpatient fees (Per Day)

Standard ward	\$3,700
Newborn	\$2,300
Intensive care	\$6,000
Close Observation (GH ONLY)	\$3,500
Special care nursery	\$6,000

Outpatient fees (Per Visit)

Ambulance	\$240
Emergency visit	\$800 + \$200 physician fee
Outpatient clinic *	\$700
Dialysis Clinic	\$1,100

*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 ambulatory care) 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

Finance Department: (905) 338-4640 | AccountsReceivable@haltonhealthcare.com

February 1, 2024 | Costs subject to change without notice