PROMEDICA
DEFIANCE REGIONAL HOSPITAL

2026 PRICE LIST

Please note that the hospital prices listed here do not include doctor's fees. Physicians bill their charges separately. Contact information is listed below for some of the commonly billed physician charges associated with hospital services. For any questions about the information listed here please call 419-824-9015.

ROOM RATES

Medical/Surgical, Private	$2,827
Intermediate Care	$4,910
Intensive Care	$5,655
Nursery	$2,596
Psychiatric, Private	$2,827
Psychiatric, Intensive Care	$4,893

EMERGENCY CENTER VISITS

Level 1	$610
Level 2	$803
Level 3	$1,067
Level 4	$1,622
Level 5	$3,066

OPERATING ROOM

General/MAC Anesthesia, First 15 Minutes	$6,976
Additional 15 Minutes	$4,261
Moderate Sedation, First 15 Minutes	$4,261
Additional 15 Minutes	$2,699
Local Anesthesia, First 15 Minutes	$2,960
Additional 15 Minutes	$1,922
Robotic Surgery, First 15 Minutes	$8,462
Additional 15 Minutes	$5,077

RADIOLOGY

Abdomen, 1 View	$467
Chest, 1 View	$267
Chest, 2 Views	$396
Dexa Scan Central Skeletal	$934
Foot, 3 or More Views	$530
Knee, 3 Views	$395
Mammography Screening - Bilateral with CAD	$925
Shoulder, 2 or More Views	$395

CARDIOLOGY

Cardiac Rehab Phase 2 with ECG, Per Session	$237
Electrocardiogram	$315
Echocardiography Complete without Contrast	$4,499
Non-Stress Test (NST)	$850

CT SCAN

Abdomen and Pelvis without Contrast	$3,909
Abdomen and Pelvis with Contrast	$3,909
Head or Brain without Contrast	$2,285
Thorax without Contrast	$1,953
Diagnostic Thorax With Contrast	$1,953

MNT

Medical Nutrition Therapy, Initial	$73

RESPIRATORY THERAPY/PULMONARY

Inhalation Treatment	$210

PHYSICAL/OCCUPATIONAL THERAPY

PT Evaluation, Moderate Complexity	$285
Speech Therapy, Individual	$320
Therapeutic Activity, Each 15 Minutes	$149
Therapeutic Exercise, Each 15 Minutes	$164
Manual Therapy, Each 15 Minutes	$194
PT Aquatic Therapy, Each 15 Minutes	$181
Neuromuscular Re-Education, Each 15 Minutes	$225
Self Care/Home Management, Each 15 Minutes	$161
PT Gait Training, Each 15 Minutes	$181
Physical Performance Test/Measure with Report, Each 15 Minutes	$180

ULTRASOUND

Abdomen Limited	$1,238
Transvaginal Nonobstetric	$966
Pelvic Complete	$1,238

LABORATORY

Alcohol; Any Specimen Except Urine and Breath	$48
Allergen Specific IGE	$18
ALT SGPT	$141
Antibiotic Sensitivity	$132
Antibody Screen, Each Technique	$163
AST SGOT	$141
Basic Metabolic Panel	$264
Bilirubin, Direct	$96
Blood Draw (Venipuncture)	$22
Blood Gas Analysis	$309
Blood Type ABO	$155
Blood Type RH	$100
C Reactive Protein	$95
CBC with Auto Differential	$167
CBC without Differential	$127
Chlamydia DNA (PCR)	$217
Comprehensive Metabolic Panel	$368
COVID-19	$245
CPK, Total	$128
Creatinine	$63
Creatinine, Other Source	$45
Culture, Bacterial Aerobic Isolate	$74
Culture, Blood	$135
Culture, Urine	$92
D Dimer, Quantitative	$147
Drug Screen, Instrumented	$74
Ferritin	$121
Folic Acid Serum	$171
Gammaglobulin, Each	$79
HCG Serum Pregnancy, Quantitative	$249
Gonorrhea DNA (PCR)	$217
Hemoglobin	$39
Hemoglobin A1C	$210
Hepatic Function - Liver Panel	$271
Infectious Disease, Upper Respiratory	$600
Iron	$76
Iron Binding Capacity	$100
Lactic Acid	$53
LDH	$49
Lipase	$184
Lipid Panel	$243
Magnesium	$119
Microalbumin Urine	$111
Natriuretic Peptide	$404
Nuclear Antigen Antibody	$138
Pap Test	$167
Phosphorous	$72
Potassium	$72
Protein Total Urine	$90
Prothrombin Time	$48
PSA	$186
PTH	$215
PTT/APTT	$89
Sedimentation Rate	$69
Smear, Gram or Giemsa	$75
Strep A Amplified Probe	$119
Strep A Immunoassay	$66
Infectious Agent Antibody	$22
Surgical Pathology Level IV	$624
Syphilis	$91
T4 Free	$163
Troponin	$151
TSH	$151
Uric Acid, Blood	$118
Urinalysis, Automated	$69
Urinalysis, Macroscopic	$61
Urine Pregnancy	$141
Vitamin B12	$161
Vitamin D	$92

