## **MWPH Estimated Fee Ranges**

FY 2021

Note: All charges listed are estimates. Your child's charges may be higher.

Charges listed do not include procedures, lab tests or medicines.

All hospital rates are set by the State of Maryland.

For further information and rates for other services, see mwph.org/patients-and-guests/financial/hospital-charges

All providers working at MWPH are covered by the Hospital's Financial Assistance Policy.

| Service Category   | Service Type | Unit                        | Per  | Lower    | Higher   |  |  |  |
|--|--------------|-----------------------------|------|----------|----------|--|--|--|
|  |              |                             | Unit | Estimate | Estimate |  |  |  |
| Physician/Nurse Practitioner visit   |              |                             |      |          |          |  |  |  |
| For these visits, charges are based on levels 1-5.                                     |              |                             |      |          |          |  |  |  |
| Clinic Facility fee (level depends on clinical care time from nursing and other staff) |              |                             |      | 22       | 66       |  |  |  |
| Professional fee (level chosen by provider based on level of care and complexity)      |              |                             |      |          | 244      |  |  |  |
| Total Cost   |              |                             |      | 50       | 310      |  |  |  |
| Rehabilitation   |              |                             |      |          |          |  |  |  |
| PT   |              |                             |      |          |          |  |  |  |
|  | Evaluation   |                             |      | 328      | 492      |  |  |  |
|  | Treatment    | Per hour                    |      | 200      | 349      |  |  |  |
| OT   |              |                             |      |          |          |  |  |  |
|  | Evaluation   |                             |      | 270      | 540      |  |  |  |
|  | Treatment    | Per hour                    |      | 165      | 289      |  |  |  |
| Speech   |              |                             |      |          |          |  |  |  |
|  | Evaluation   | Per hour                    |      | 200      | 400      |  |  |  |
|  | Treatment    | Per hour                    |      | 152      | 200      |  |  |  |
| Psychology   |              |                             |      |          |          |  |  |  |
| Diagnostic Interview   |              | Per 1.5 hours               | 351  | 351      | 468      |  |  |  |
| Therapy  |              | Per hour                    | 234  |          |          |  |  |  |
| Testing  |              | Per hour, including testing | 234  | 936      | 2,808    |  |  |  |
|  |              | and reporting time          |      |          |          |  |  |  |
| Neuropsychology  |              |                             |      |          |          |  |  |  |
| Consultation   |              | Per 1.5 hours               | 351  |          |          |  |  |  |
| Testing  |              | Per hour, including testing | 234  | 936      | 3,744    |  |  |  |
|  |              | and reporting time          |      |          |          |  |  |  |
| Feedback Session   |              | Per 1.5 hours               | 351  | 351      | 468      |  |  |  |
| Nutrition  |              |                             |      |          |          |  |  |  |
| Initial  |              | Per .5 hour                 | 66   | 132      | 264      |  |  |  |
| Follow-up  |              | Per .5 hour                 | 66   | 132      | 264      |  |  |  |

| Inpatient Service Category  |  |       | Lower          | Higher           |  |  |  |  |
|---|--|-------|----------------|------------------|--|--|--|--|
|   |  | Day   | Estimate       | Estimate         |  |  |  |  |
| Daily Room Charges  |  |       |                |                  |  |  |  |  |
| Level 1   |  | 627   |                |                  |  |  |  |  |
| Level 2   |  | 1,032 |                |                  |  |  |  |  |
| Level 3   |  | 1,390 |                |                  |  |  |  |  |
| Other Ancillary Charges   |  |       |                |                  |  |  |  |  |
| Includes Lab, Radiology, Rehabilitation,<br>Respiratory Therapy, Psychology and all<br>other testing and services except<br>physician charges |  |       | 750 per<br>day | 4,000 per<br>day |  |  |  |  |
| Physician/Nurse Practitioner Routine visit  |  |       |                |                  |  |  |  |  |
| For these visits, charges are based on levels 1-5.  |  |       | 40             | 206              |  |  |  |  |
| Other services can generate additional charges  |  |       |                |                  |  |  |  |  |