

MWPH Estimated Fee Ranges  
 FY 2024

**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](http://mwph.org/patients-and-guests/financial/hospital-charges)**  
**All providers working at MWPH are covered by the Hospital's Financial Assistance Policy.**

| Outpatient Service Category  | Service Type | Unit   | Per Unit | Lower Estimate | Higher Estimate |
|--|--------------|--|----------|----------------|-----------------|
| <b>Physician/Nurse Practitioner visit</b>  |              |  |          |                |                 |
| <i>For these visits, charges are based on levels 1-5.</i>                              |              |  |          |                |                 |
| Clinic Facility fee (level depends on clinical care time from nursing and other staff) |              |  |          | 42             | 126             |
| Professional fee (level chosen by provider based on level of care and complexity)      |              |  |          | 36             | 188             |
| Total Cost   |              |  |          | 78             | 314             |
| <b>Rehabilitation</b>  |              |  |          |                |                 |
| PT   |              |  |          |                |                 |
|  | Evaluation   |  |          | 226            | 680             |
|  | Treatment    | Per hour                                       |          | 228            | 528             |
| OT   |              |  |          |                |                 |
|  | Evaluation   |  |          | 282            | 1,068           |
|  | Treatment    | Per hour                                       |          | 327            | 622             |
| Speech   |              |  |          |                |                 |
|  | Evaluation   | Per hour                                       |          | 414            | 428             |
|  | Treatment    | Per hour                                       |          | 178            | 214             |
| <b>Psychology</b>  |              |  |          |                |                 |
| Diagnostic Interview   |              | Per 1.5 hours                                  | 369      | 369            | 492             |
| Therapy  |              | Per hour                                       | 246      |                |                 |
| Testing  |              | Per hour, including testing and reporting time | 246      | 984            | 2,952           |
| <b>Neuropsychology</b>   |              |  |          |                |                 |
| Consultation   |              | Per 1.5 hours                                  | 369      |                |                 |
| Testing  |              | Per hour, including testing and reporting time | 246      | 984            | 3,936           |
| Feedback Session   |              | Per 1.5 hours                                  | 369      | 369            | 492             |
| <b>Nutrition</b>   |              |  |          |                |                 |
| Initial  |              | Per .5 hour                                    | 126      | 252            | 504             |
| Follow-up  |              | Per .5 hour                                    | 126      | 252            | 504             |

| Inpatient Service Category   | Per Day | Lower Estimate | Higher Estimate                |
|--|---------|----------------|--------------------------------|
| <b>Daily Room Charges</b>  |         |                |                                |
| Level 1  | 685     |                |                                |
| Level 2  | 1,146   |                |                                |
| Level 3  | 1,486   |                |                                |
| <b>Other Ancillary Charges</b>   |         |                |                                |
| Includes Lab, Radiology, Rehabilitation, Respiratory Therapy, Psychology and all other testing and services except physician charges |         |                | 1,000 per day<br>5,000 per day |
| <b>Physician/Nurse Practitioner Routine visit</b>  |         |                |                                |
| <i>For these visits, charges are based on levels 1-5.</i>  |         | 40             | 147                            |
| <b>Other services can generate additional charges</b>  |         |                |                                |