



1600 N. Second | Clinton, MO 64735
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Current Pricing Information

The following tables contain some of our most common services and charges. Other charges are available upon request. Call our business office at 660-890-7123 for additional pricing and questions.

When processing these charges, your insurance company will deduct their negotiated discount and then process the remaining amount. The patient is responsible for copays, coinsurances and deductibles that are due. Golden Valley Memorial Healthcare discounts by 40% our standard charges for all self-pay patients.

Financial assistance may be available. These prices are effective April 1, 2018–March 31, 2019 and are subject to change. Actual services rendered are dependent on what your physician orders.

Golden Valley Medical Charges*

Office Visit, New Patient	Charge	Office Visit	Charge
Level I	\$84	Level I	\$40
Level II	\$140	Level II	\$90
Level III	\$204	Level III	\$155
Level IV	\$312	Level IV	\$203
Level V	\$394	Level V	\$274

*Clinic office-visit levels are determined by the physician/provider documentation utilizing CMS Documentation Guidelines for Evaluation and Management Services.

Inpatient Room Charges

Medical/Surgical	\$1,002
ICU	\$1,658

Obstetrical Charges

Obstetrical Room	\$1,002
Newborn Nursery Room	\$929
Delivery Room	\$3,341
Labor Room Charge per Hour	\$98

Emergency Room/Ambulance Charges**

Emergency Level I	\$216
Emergency Level II	\$391
Emergency Level III	\$645
Emergency Level IV	\$1,139
Emergency Level V	\$1,767
Ambulance, ALS1 Emergency Transport	\$979
Ambulance, ALS1 Non Emergency Transport	\$693
Ambulance, BLS Non Emergency Transport	\$548

**ER and Ambulance levels are determined by the resources and supplies utilized by the ER and does not include physician charges.



Laboratory Charges

Culture, Urine: Quantitative Colony Count	\$127
Urinalysis with Micro	\$70
Urinalysis without Micro	\$46
Hemagram	\$77
CBC with Automated Diff	\$108
Hemoglobin A1C (Glycosylated)	\$68
Prothrombin	\$60
Lipid Panel	\$125
Metabolic Panel, Basic	\$174
Metabolic Panel, Comprehensive	\$225

Radiology Charges

Chest X-Ray, 1 View	\$268
Chest X-Ray, 2 View, PA/Lateral	\$339
Mammogram, Digital Screening	\$350
CT, without Contrast	\$2,111 (can vary)
MRI, without Contrast	\$3,600 (can vary)
3D Screening Tomography	\$53

Surgery Charges

Surgery Room up to 30 Minutes	\$4,562
Surgery Room each Additional 15 Minutes	\$508

Rehab/Therapy Charges

Physical Therapy, Eval/Consult	\$278
Therapeutic Exercise, 15 Minutes	\$149
Aquatic Therapy	\$149
Cardiac Rehab, Phase II	\$219

Endoscopy Charges

Upper GI Endoscopy	\$2,786
Lower GI Endoscopy	\$2,786

Outpatient Treatment Center Charges

Outpatient Treatment Center Room, Level 1	\$116
Outpatient Treatment Center Room, Level 2	\$116
Outpatient Treatment Center Room, Level 3	\$116