



Golden Plains Community Hospital

100 Medical Drive, BORGER, TX 79007
(806) 467-5700 FAX (806) 467-5704
www.goldenplains.org

Golden Plains Community Hospital Prices

The prices listed below are current for February 1, 2019 but are subject to change. Some prices listed are **average prices** for select services.

If you would like an estimate for a service not listed below, please call 806-467-5700.

What is included in these prices?

Prices include Golden Plains Community Hospital equipment and staff.

What is not included in these prices?

Prices do not include physician/provider professional fees such as ER physician, anesthesiologist, pathologist, radiologist or hospitalist.

Will my final costs be different than what is listed here?

The amount you out may vary due to different circumstances. These may include:

>>Additional testing, medications, services or procedures ordered.

>>The procedure planned may not be the procedure performed based on your physician's assessment.

>>If you have insurance, your insurance company will determine the final amount you have to pay due to your deductibles, coinsurance or out of pocket limits.

Hospital Charges

Daily Room and Board

Description	Per Day Charge
Medical Private Room	\$1,031
Medical Semi-Private Room	\$970
Intensive Care	\$2,385
Nursery	\$1,068
Obstetrics	\$1,294
Swing Bed	\$759

MISSION:

To provide quality and compassionate care; to promote the physical and emotional well-being of all citizens of Hutchinson and surrounding counties.



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Emergency Room Levels

Description	Level Charge
ER Level I	\$345
ER Level II	\$424
ER Level III	\$850
ER Level IV	\$1,156
ER Level V	\$1,632
ER Level VI Critical	\$2,760

Clinic Family Practice Provider

Description	Average Charge
New Patient - Avg Level	\$171
Established Patient -Avg Level	\$114

Laboratory Tests

Description	Average Charge
Comprehensive Metabolic Panel	\$191.25
Complete Blood Count	\$97.50
Troponin, Quan	\$136.25
NT - PROBNP	\$226.25
Thyroid Stim Hormone	\$180
Autom Urinalysis WO	\$11.08
CPK - MB Fraction Only	\$150
Lipid Panel	\$133.75
Blood Culture	\$220
Basic Metabolic Panel	\$92.50
CPK - Total	\$103.75
Urine Drug Screen	\$142
Prothrombin Time - PT	\$81.25
Urine Culture	\$109
Sensitivity Test MIC	\$143.75
Throat Culture	\$136.25
Lipase Serum	\$110
Glycosylated HGB	\$84

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Laboratory Tests

Description	Average Charge
PTT	\$110
Obstetrical Panel	\$264
D-Dimer Quan	\$100
Hepatitis Panel	\$391
BHCG - Quant Assay	\$180
Blood Gas, Arterial	\$222.50
HIV test	\$74
WBC Diff - Manual	\$30
25 OH VIT D-3	\$249
Lactic Acid	\$115

Radiology Tests

Description	Average Charge
X-ray chest - 2 view	\$305
X-ray ankle - 3 view	\$306.25
X-ray wrist - 3 view	\$363.75
X-ray hand - 3 view	\$363.75
X-ray shoulder - 3 view	\$363.75
X-ray foot - 3 view	\$363.75
X-ray knee - 3 view	\$383.75
X-ray hip - 3 view	\$370
X-ray lumbar spine - 3 view	\$363.75
X-ray abdomen - 1 view	\$291
Bone Density Study	\$443.75
Digital Mammogram	\$270
EKG 12 Lead	\$281
Ultrasound Preg Uterus	\$454
Ultrasound Exam Head & Neck	\$640
Ultrasound Duplex Venous	\$1,057
Ultrasound Renal	\$830
Ultrasound Carotid Dup	\$1,755
2-D Echo	\$1,375

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Radiology Tests

Description	Average Charge
Echo Exam ABD	\$538.75
Non-OB Transvag Ultrasound	\$830
CT Head/Brain WO Contrast	\$1,812.50
CT ABD/Pelvis WO Contrast	\$2,390
CT Spine WO Contrast	\$2,267.50
CT Thorax WO Contrast	\$2,074
CT MF WO Contrast	\$2,223.75
CT ABD/Pelvis W Contrast	\$3,465
CT Chest W Contrast	\$3,483.75
CT Lumbar Spine W Contrast	\$2,267.50
CT Thorax W Contrast	\$2,468.75
CT ABD/Pel 1+SECT/R	\$4,547.50
MRI Lumbar Spine WO Contrast	\$3,682.50
MRI Low Extremities WO Contrast	\$3,433.75
MRI C-Spine WO Contrast	\$3,743.75
MRI Brain W&WO Contrast	\$3,682.50

Common Procedures/Visits

Description	Average Charge
Vaginal Delivery	\$11,465
Cesarean Delivery	\$15,918
Anesthesia	\$1,490
Surgical room minutes	\$4,915
Physical Therapy visit	\$292
Respiratory Therapy	\$590.98
Total Knee	\$27,458
Lap Cholecystectomy	\$6,429

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State Mandated Tests for Newborns

Description	Average Charge
PKU	\$65
HIV	\$74
Rapid Protein Reagent	\$50
Hearing Screen Test	\$101

DISCLAIMER AND EXPLANATION FOR STANDARD HOSPITAL CHARGES

This hospital determines its standard charges for patient services with the use of a chargemaster or similar system, which is a list of charges for the components of patient care that go into every patient's bill. These are the baseline rates for services provided at this hospital.

The chargemaster is similar in concept to the manufacturer's suggested retail price (MSRP) on a vehicle. It is the starting price of each service performed and goods consumed associated with the individual patient's treatment. The chargemaster rates are updated from time to time to accurately reflect the hospital's expenses to operate.

Standard charges shown in the attached file do not necessarily reflect what a patient may pay. Government insurance plans such as Medicare and Medicaid do not pay the chargemaster rates, but rather have their own set rates which hospitals are obligated to accept. Commercial insurance payments are based on contract negotiations with managed care payors and may or may not reflect the standard charges. Patients without commercial insurance or not covered by a government health care plan should contact the hospital prior to a procedure to discuss charges, alternative pricing, and payment terms.

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