



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 January 1, 2020 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	\$205
ER Level II	\$303
ER Level III	\$454
ER Level IV	\$705
ER Level V	\$958
ER Level VI Critical	\$1,462

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	\$153
Complete Blood Count	\$78
Troponin, Quan	\$109
NT - PROBNP	\$181
Thyroid Stim Hormone	\$144
Autom Urinalysis WO	\$45
CPK - MB Fraction Only	\$120
Lipid Panel	\$107
Blood Culture	\$176
Basic Metabolic Panel	\$74
CPK - Total	\$83
Urine Drug Screen	\$190
Prothrombin Time - PT	\$65
Urine Culture	\$109
Sensitivity Test MIC	\$115
Throat Culture	\$109
Lipase Serum	\$88
Glycosylated HGB	\$84

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Laboratory Tests

Description	Average Charge
PTT	\$88
Obstetrical Panel	\$264
D-Dimer Quan	\$80
Hepatitis Panel	\$407
BHCG - Quant Assay	\$144
Blood Gas, Arterial	\$178
HIV test	\$74
WBC Diff - Manual	\$30
25 OH VIT D-3	\$249
Lactic Acid	\$92
COVID-19 Testing	\$173
COVID Antibody	\$210
Respiratory Panel (MSRP)	\$1,158(NOTE: Patients will not be responsible for the actual COVID-19 test – insurance billing only)

Radiology Tests

Description	Average Charge
X-ray chest - 2 view	\$319
X-ray ankle - 3 view	\$245
X-ray wrist - 3 view	\$291
X-ray hand - 3 view	\$291
X-ray shoulder - 3 view	\$291
X-ray foot - 3 view	\$291
X-ray knee - 3 view	\$307
X-ray hip - 3 view	\$370
X-ray lumbar spine - 3 view	\$291
X-ray abdomen - 1 view	\$291
Bone Density Study	\$355
Digital Mammogram	\$270
EKG 12 Lead	\$281
Ultrasound Preg Uterus	\$394
Ultrasound Exam Head & Neck	\$512
Ultrasound Duplex Venous	\$1,057

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Radiology Tests

Description	Average Charge
Ultrasound Renal	\$664
Ultrasound Carotid Dup	\$1,404
2-D Echo	\$1,100
Echo Exam ABD	\$431
Non-OB Transvag Ultrasound	\$664
CT Head/Brain WO Contrast	\$1,450
CT ABD/Pelvis WO Contrast	\$2,966
CT Spine WO Contrast	\$1,814
CT Thorax WO Contrast	\$1,814
CT MF WO Contrast	\$1,779
CT ABD/Pelvis W Contrast	\$2,772
CT Chest W Contrast	\$2,787
CT Lumbar Spine W Contrast	\$2,001
CT Thorax W Contrast	\$1,975
CT ABD/Pel 1+SECT/R	\$3,638
MRI Lumbar Spine WO Contrast	\$2,946
MRI Low Extremities WO Contrast	\$2,995
MRI C-Spine WO Contrast	\$2,995
MRI Brain W&WO Contrast	\$2,946

Common Procedures/Visits

Description	Average Charge
Vaginal Delivery	\$11,465
Cesarean Delivery	\$15,918
Anesthesia	\$2,330
Surgical room minutes	\$5,527
Physical Therapy visit	\$319.67
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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