

KIOWA COUNTY HOSPITAL DISTRICT
PRICE TRANSPARENCY NOTICE

We are providing self-pay information about pricing for common procedures and services provided by Kiowa County Hospital District. If you are covered by insurance, you are strongly encouraged to consult with your health carrier to determine accurate information about your financial responsibility for healthcare procedures at this facility. If you are not covered by health insurance you can contact our billing department at 719-438-5401 to discuss payment options prior to receiving healthcare services at this facility, as posted prices may not reflect the actual amount of your financial responsibility. Our Billing Department will be able to discuss Financial Assistance and Self Pay Discounts that are available to patients who qualify, as well as other payment options.

Disclaimer

I understand that the following charge information is based on historical data and is an estimate of charges for the service without complications. The prices are subject to change and the final bill you receive will reflect the actual charges at the time of your visit for the services provided to you by this facility. This estimate does not include physician fees or charges for any additional tests ordered for your care. Depending on your service, some patients may receive multiple bills for services received and that physician, lab and radiology bills (among others) may come from different entities and are owed separately from the hospital or clinic bill.

If you have questions or need to file a complaint, you may contact us at:

Kiowa County Hospital District
P.O. Box 817
Eads, CO 81036
719-438-5401

Kiowa County Hospital District
Procedure Charges

*Prices current as of December 1, 2017
Prices subject to change.*

Laboratory Procedures	Cost	CPT Code	Emergency Room	Cost	CPT Code
Venipuncture	\$ 31.00	36415	ER Visit Level 1	\$ 98.30	99281
CBC	\$ 88.10	85025	ER Visit Level 2	\$ 128.80	99282
Chem Profile (CMP)	\$ 193.10	80053	ER Visit Level 3	\$ 379.60	99283
Basic Metabolic Panel	\$ 134.40	80048	ER Visit Level 4	\$ 613.40	99284
PT/INR	\$ 70.00	85610	ER Visit Level 5	\$ 811.10	99285
Thyroid	\$ 90.00	84443			
Lipid Profile	\$ 165.00	80061	Physical Therapy	Cost	CPT Code
AIC	\$ 35.00	83036	PT Reeducation	\$ 78.90	97112
UA	\$ 41.70	81000	Therapeutic Exercise	\$ 78.90	97110
Magnesium	\$ 93.70	83735	Manual Therapy	\$ 78.90	97140
Urine Culture	\$ 85.20	87086	Therapeutic Activity	\$ 78.90	97530
Troponin	\$ 146.80	84484	Low Level Eval	\$ 234.00	97161
BNP	\$ 259.80	83880	Mod Level Eval	\$ 336.00	97162
Urine Crea	\$ 74.25	82570	High Level Eval	\$ 486.00	97163
Urine Micro	\$ 111.10	82043			
Vitamin D	\$ 193.10	82306	Rural Health Clinic	Cost	CPT Code
Rapid Strep	\$ 40.00	87880	Clinic Visit Level 1	\$ 60.00	99211
PSA	\$ 93.00	84153	Clinic Visit Level 2	\$ 77.00	99212
			Clinic Visit Level 3	\$ 96.00	99213
Radiology Procedures	Cost	CPT Code	Clinic Visit Level 4	\$ 134.00	99214
EKG Tracking	\$ 65.80	93005	Clinic Visit Level 5	\$ 185.00	99215
XR Check (2 view)	\$ 342.60	71020			
XR Ankle (3 view)	\$ 262.30	73610			
XR Foot (3 view)	\$ 436.90	73630			
US Echo	\$ 708.50	93306			
XR Shoulder (2 view)	\$ 315.50	73030			
XR Wrist (3 view)	\$ 262.30	73110			
US Carotid Duplex	\$ 708.50	93880			
XR Hand (3 view)	\$ 262.30	73130			
Holter Monitor	\$ 252.75	93225			
US Abdomen	\$ 702.75	76700			

Inpatient Services

Please call 719-438-5401 to obtain an estimate for inpatient services.
These services vary in price dependent on the provider of the service.
These prices do not include your physician fees.

Weisbrod Memorial County Hospital

(Medicare Provider No. 061300)

1208 Luther St, Eads, CO 81036	Ownership Type	Government - State
(719) 438-5401	Hospital Type	Critical Access Hospital
www.kchd.org	State House District	HD 64 - Kimmi Lewis
Current Licensed Beds: 25	State Senate District	SD 35 - Larry Crowder
Current Fiscal Year End: December 31	US Congressional District	CD 4 - Ken Buck

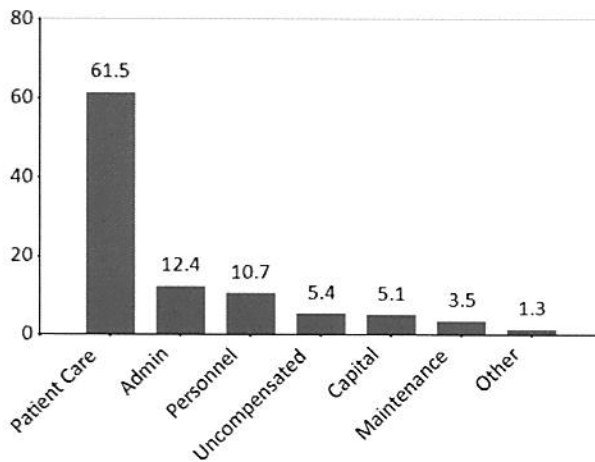
CMS Five Star Rating (2016)	HQIP Score (2016/2017) - Out of 50
Not Available	15

Employment Trends	2011	2012	2013	2014	2015
Employees on Payroll FTEs	41	41	38	53	53
Total Interns & Residents FTEs	0	0	0	0	0
Total FTEs	Not Reported	Not Reported	Not Reported	Not Reported	Not Reported

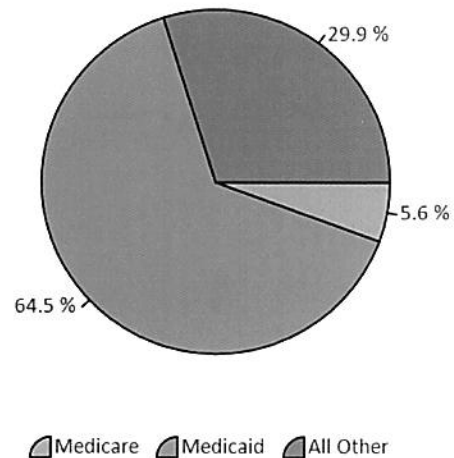
Utilization Trends	2011	2012	2013	2014	2015
Available Beds	8	8	25	25	25
Inpatient Discharges	68	38	37	54	32
Inpatient Days	439	419	3,693	6,714	6,321
Average Length of Stay	2.40	2.95	2.54	3.81	2.91
Occupancy Rate (Inpatient Days)	15.03%	14.31%	40.47%	73.58%	69.27%
Observation Days	14	25	59	35	43

Financial Trends	2011	2012	2013	2014	2015
Gross Patient Revenue	5,253,671	5,029,016	4,531,866	5,020,514	4,828,939
Contractual Allowances	1,096,697	560,767	628,925	555,350	20,632
Net Patient Revenue	4,156,974	4,468,249	3,902,941	4,465,164	4,808,307
Total Operating Expenses	5,523,422	5,787,726	5,652,129	5,474,850	5,747,137
Salaries and Benefits	3,801,395	3,891,009	3,735,199	3,299,429	3,360,405
Other Non Patient Revenue	818,387	1,233,508	1,856,093	1,762,197	1,519,565
Other Non Patient Expenses	7,921	Not Reported	Not Reported	Not Reported	Not Reported
Charity Care	16,862	4,118	37,795	25,471	4,373
Bad Debt	315,923	88,522	Not Reported	129,701	326,083
Unreimbursed Cost for Medicaid	279,196	255,926	263,890	487,969	759,968
Patient Service Margin	-1,366,448	-1,319,477	-1,749,188	-1,009,686	-938,830
Total Margin	-555,982	-85,969	106,905	752,511	580,735
Patient Service Margin Percent	-32.87%	-29.53%	-44.82%	-22.61%	-19.53%
Total Margin Percent	-11.17%	-1.51%	1.86%	12.08%	9.18%

Total Hospital Expenses (%) in 2015



Payer Mix (Inpatient Days) in 2015



* indicates truncated Cost Report that does not cover an entire fiscal year. "Not Available" means that there were not enough data to report the quality measure, while "Not Applicable" indicates the measure did not apply to that facility.