RATES FOR SPECIAL SERVICES

Effective Date: January 1, 1947

Operating Room	
Major - (Intestinal Cases, Combined abdominal and Perineal resections, Colostomy, Gland resections, Open Reductions, Hysterectomy, Brain Surgery, Cholecystectomy, Nephrectomy, Cesarean Sections, Spinal Fusions, Hip Cases - G.M. or S.P. nails, Amputations - leg or arm, Radical Mastectomy, Bilateral Hernia, Thyroidectomy, etc.)	$15.00
Intermediate - (Oophorectomy, Salpingectomy, Appendectomy, Perineorrhaphy, Vein Ligations, Hemorrhoidectomy, Exploratory Laparotomy, Hernia, All eye cases, Orthopedic Cases, Sterilizations, Ramstedt).	10.00
Minor - (Cystoscopy, Retrograde Pyelogram, Tonsillectomy and Adenoidectomy, Dilatation and Curettage, Rectal fissure, Biopsy, Incision & Drainage (non-abdominal), Sigmoidoscopy, Radium Implant, Teeth Extractions, Ball Operation, Thoracentesis and Paracentesis in operating room.	5.00
Delivery Room	10.00
Pharmaceuticals	
Intravenous Solutions--500 cc.	1.00
" " 1000 cc.	1.25
" " 2000 cc.	1.50
Amigen in Intravenous Solutions--1000 cc.	2.00
Penicillin--200,000 Units	2.50
" 500,000 "	5.00
Streptomycin--gram	7.50
Comb. Gas and Tetanus Antitoxin--therapeutic dose	8.00
Physical Therapy	
Ultra Violet--1st treatment	2.00
" " Sub. treatment	1.00
Infra red	2.00
Inductotherm	3.00
Comb. Infra red and Inductotherm	3.00
Infra red and massage	3.00
Infra red and muscle training	3.00
Massage	2.00
Muscle check	2.00
Hydrotherapy pool	2.00
Whirlpool	3.00
Miscellaneous	
Electrocardiogram--1st reading	10.00
" --subsequent, with precordial leads	7.50
" --subsequent, without precordial leads	5.00
Crutches	2.00
Walking Irons	2.00
Application of Traction	2.50
Lumbar Puncture	1.50
Thoracentesis	1.50
Circumcision	2.00

Spinal Fluid cont'd.	
Globulin	1.00
Chlorides	2.00
Sugar	3.00
Colloidal Gold Reaction	5.00
Cells, Globulin, Chlorides and Sugar	7.50
Bacteriology	
Cultures	3.00
Smears	3.00
Dark Field Examination	5.00
Miscellaneous	
Autogenous Vaccine	10.00
Widal Test	5.00
Heterophile Antibodies	5.00
Gastric Analysis	5.00
Animal Inoculation	10.00
Routine (Urinanalysis, Kahn, and Blood Count)	5.00

X-RAY SCHEDULE

1-15	**HEAD AND NECK**	
1.	Skull (Standard Views Only).	12.00
2.	Paranasal sinuses & Pharyngeal Area	10.00
3.	Encephalograms or Ventriculograms (X-rays only)	15.00
4.	Eye (for foreign body) or Optic Foramina	10.00
4 a.	" " " " with measurements	20.00
5.	Mastoids	10.00
6.	Facial bones	10.00
7.	Temporo-Mandibular Joints (Stereo)	10.00
8.	Mandible (Jaw)	7.00
9.	Teeth (1 film)	1.00
10.	Teeth (full set)	10.00
11.	Nose (only)	3.00
12.	Neck (for soft tissues and larynx)	10.00
13.	Check Mastoids	5.00
14.	Mastoids and Sinuses	15.00
15.	Other film studies desired by Roentgenologist	5.00
20-30	**Upper Extremities**	
20.	Shoulder girdle (Stereo AP)	10.00
21.	Humerus (shaft)	5.00
22.	Elbow	5.00
23.	Both elbows (for comparison only)	7.00
24.	Forearm	5.00
25.	Wrist	5.00
26.	Hand or Fingers	5.00
27.	Finger (one)	3.00
28.	Check shoulder	5.00
29.	Check Humerus, forearm, wrist, hand, elbow or clavicle	3.00
30.	Other film studies desired by Roentgenologist	5.00
40-49	**Lower Extremities**	
40.	Hip (Stereo)	10.00
41.	Femur (Shaft only)	8.00
42.	Knee (Stereo)	10.00
43.	Leg (Excluding knee)	5.00
44.	Ankle	5.00
45.	Foot	5.00
46.	Os Calcis or Astragalus	5.00
47.	Metatarsals or toes	5.00
48.	Check ray of leg, ankle, os calcis, foot or toes	3.00
49.	Check hip, femur or knee	5.00
49 a.	Other studies desired by Roentgenologist	5.00
50-58	**Spine and Pelvis**	
50.	Cervical Spine	10.00
51.	Thoracic Spine	10.00
52.	Thoracic-Lumbar Spine	10.00

Spine & Pelvis cont'd.

53.	Lumbo-Sacral Spine	10.00
54.	Entire Spine	20.00
55.	Pelvis	10.00
56.	Sacro-Iliam Joints	10.00
57.	Myelography (air or lipiodol)	20.00
58.	Other films desired by Roentgenologist	5.00
59.	Check Spine - localized	5.00

60-68 CHEST

60.	Ribs	7.00
61.	Ribs and sternum	10.00
62.	Chest (Single view)	5.00
63.	Chest (Stereo)	10.00
64.	Chest (PA & lateral)	10.00
65.	Heart Studies	10.00
66.	Bronchography	15.00
67.	Fluoroscopy Studies of Chest & Films	10.00
68.	Other films desired by Roentgenologist	5.00

78-83 GASTRO-INTESTINAL TRACT

70.	Esophagus (only)	10.00
71.	G.I. Studies	20.00
72.	G.I. Studies in infants	10.00
73.	Stomach and duodenum (only)	12.00
74.	Esophagus, stomach and duodenum (only)	15.00
75.	G. I. Studies with Barium Enema	25.00
76.	Barium Enema	15.00
77.	Gall Bladder Examined with Dye	15.00
78.	G. I. Series with Gall Bladder	25.00
79.	G. I. Series with barium enema and gall bladder	30.00
80.	Small intestinal study	20.00
81.	Study for appendix only (excluding remainder of G.I.tract)	10.00
82.	Check G. I. Studies	10.00
83.	Other films desired by Roentgenologist	5.00

90-97 GENITO-URINARY TRACT AND ABDOMEN

90.	Abdomen	5.00
91.	Gall Bladder area	5.00
92.	Abdomen (upright and prone)	10.00
93.	Intravenous pyelography (including dye)	15.00
94.	Retrograde pyelography	10.00
95.	Retrograde and Intravenous Combined	20.00
96.	Cystogram	10.00
97.	Other films desired by Roentgenologist	5.00

100-103	OBSTETRICS AND GYN	
100.	Pregnancy without measurements	10.00
101.	Pregnancy with measurements	15.00
102.	Utero-salpingography, Stereo (Lipiodol supplied)	15.00
103.	Other films desired by Roentgenologist	5.00
110-113	Miscellaneous	
110.	Bone Studies for generalized diseases	10.00
111.	X-ray studies of Breasts (without dye)	10.00
112.	X-ray of arteries or veins of extremities with dye (injected by radiologist)	15.00
113.	Other films desired by Roentgenologist	5.00
120-123	Fluoroscopy	
120.	Miscellaneous	5.00
121.	Check fluoroscopy	3.00
122.	Assistance reducing fracture excluding films	10.00
123.	Assistance for removal of foreign body	10.00
124.	Room charge for application of cast	5.00

X-RAY AND RADIUM THERAPY

Code No.		Price Per Treatment (per port or lesion)
I.	Superficial X-ray Therapy	
	a. Less than 100 r	$ 2.00
	b. 101 r to 200 r	3.00
	c. 201 r to 1000 r	5.00
II.	Deep X-ray Therapy	
	a. Less than 500 r	5.00
	b. 501 r to 800 r	7.00
	c. 801 r to 1000 r	8.00
	d. 1001 r to 2001 r	10.00
III.	Malignancies of Skin	Per Treatment
	a. Single lesion not over 2 cms.	10.00
	b. Over 2 cms. or multiple lesions	20.00 to 50.00
	c. Single lesion with metastasis	50.00
IV.	Blood Dyscrasias & Lymphoblastomata	
	a. Initial course with necessary laboratory work, i.e. blood studies: x-rays desired by radiologist.	75.00 to 100.00
	b. Succeeding courses (after 6 months) charged ... per treatment.	
V.	Carcinoma of Breast	
	a. Initial course of complete therapy, including sterilization and X-rays as desired by radiologist	100.00
	b. Metastatic lesions (localized to chest)	50.00
	c. Multiple metastatic lesions	75.00
	d. Post-operative breast area	75.00
VI.	Malignancies of Deep-seated organs	
	a. Lung	100.00
	b. Esophagus or G.I. tract to Rectum	100.00
	c. Kidney and bladder	100.00
	d. Bone	100.00
	e. Prostate	100.00
	f. Brain or Pituitary	100.00

VII.	Malignancies of Genital Tract	
	a. Ovary	100.00
	b. Cervix (x-ray less radium)	100.00
	c. Uterus (x-ray less radium)	100.00
	d. Vagina (x-ray less radium)	100.00
	e. Other Pelvic lesions	100.00
VIII.	Upper Respiratory Malignancies	
	a. Sinus	100.00
	b. Larynx	100.00
	c. Mouth (without metastasis)	75.00 to 100.00
	d. Mouth (with unilateral metastasis, less radon)	100.00
IX.	Sterilization	
	a. For complete sterilization (including x-ray to pituitary)	40.00 to 50.00
X.	Glands of Internal Secretion	
	a. Thyroid (one course	50.00
	b. Pituitary	50.00
	c. Repeated course of a & b	30.00
	d. Thymus (infants, including x-rays desired by radiologist)	20.00

XI. Inflammatory and skin diseases treated as per treatment.

XII. The Radiologist is allowed sufficient elasticity to order such x-ray films or additional laboratory work which may be required in the treatment of any case of malignant disease without additional charge.

Room Rates	
Private rooms, with bath	8.50
" " without bath	7.50
Semi-private	6.50
Wards - 4 bed	6.00
Wards - more than 4 beds	5.50
Daily nursing care to newborn	1.00
Incubator care to newborn--daily	3.50
Nursery care to newborn after dismissal of mother	3.50
Laboratory	
Blood examinations	
Kahn	2.00
Fragility	5.00
Prothrombin Time	2.00
Hemoglobin and Red cell count	2.00
White cell count and Differential	2.00
Platelet Count	2.00
Malarial smear	4.00
Blood typing with Rh factor	5.00
Blood culture	5.00
Sedimentation Rate	1.50
Rh factor	2.00
Coagulation time	2.00
Reticulocyte count	2.00
Hematocrit	2.00
Glucose Tolerance	10.00
All blood chemistry, including Carbon dioxide Combining power, Creatinin, Sugar, Urea Nitrogen, Uric Acid Nitrogen, Non Protein Nitrogen, Calcium, Phosphates, Phosphatase, Cholesterol, Liver Function Test, Chorides, and Amylase	4.00
Urine Examinations	
Urinanalysis	2.00
Renal Function Test	3.00
Urine culture	3.00
Mosenthal	3.00
Urea Clearance	10.00
Urobilin	1.00
Feces	
Occult Blood	1.00
Parasites and Ova	5.00
Cultures	7.50
Sputum	
Cultures	5.00
Smear	4.00
Pneumococcus typing	3.00
Spinal Fluid	
Cultures	3.00
Smear	2.00
Kahn	3.00
Cell Count	2.00