



Patient Price Information List

January 1, 2026

Laboratory Procedures

| <i>Procedure Description</i> | | <i>Price</i> |
|---|----|--------------|
| LABORATORY TESTS | | |
| ARTERIAL BLOOD GASES | * | \$249.00 |
| CREATININE BLOOD | * | \$56.00 |
| GLUCOSE RANDOM | * | \$68.00 |
| HBA1C-GLYCOHEMOGLOBIN | * | \$278.00 |
| MAGNESIUM SERUM | * | \$151.00 |
| PHOSPHORUS SERUM | * | \$88.00 |
| ELECTROLYTE PANEL | * | \$155.00 |
| BASIC METABOLIC PANEL | * | \$201.00 |
| COMPREHENSIVE METABOLIC PANEL | * | \$278.00 |
| HEPATIC/LIVER FUNCTION PANEL | * | \$216.00 |
| LIPID PROFILE PANEL | * | \$250.00 |
| RENAL PANEL | * | \$216.00 |
| CPK /CREATINE PHOSPHOKINASE | * | \$127.00 |
| CPK ISOENZYME | * | \$190.00 |
| TROPONIN I | * | \$230.00 |
| TSH (THYROID STIMULAT HORMONE) | * | \$188.00 |
| COVID TESTING | | |
| COVID-19 NON-CDC LABCORP (send-out) | ** | \$51.31 |
| COVID-19 NON-CDC DIATHERIX (send-out) | ** | \$150.00 |
| COVID-19 NON-CDC (KHN in-house) | ** | \$206.00 |
| COVID-19 ANTIBODY (KHN in-house) | ** | \$182.00 |
| BLOOD COUNTS | | |
| CBC /COMPLETE BLOOD COUNT | * | \$115.00 |
| HEMATOCRIT | * | \$40.00 |
| HEMOGLOBIN | * | \$40.00 |
| PROTHROMBIN TIME | * | \$89.00 |
| PTT /PARTIAL THROMBOPLAST TIM | * | \$178.00 |
| URINALYSIS | | |
| URINALYSIS ROUTINE W/O MICRO | | \$48.00 |
| URINALYSIS ROUTINE WITH MICRO | | \$66.00 |
| MICROBIOLOGY | | |
| CULTURE BLOOD | | \$372.00 |
| CULTURE, URINE WITH COLONY | | \$172.00 |
| GRAM STAIN WITH CULTURE | | \$177.00 |
| BLOOD | | |
| ABO BLOOD GROUP | | \$197.00 |
| ATYPICAL ANTIBODY SCREEN | | \$293.00 |
| RHO D TYPE | | \$226.00 |
| * BLOOD DRAWING VENIPUNCTURE may also be charged once/day | | \$37.00 |
| **NASAL SWAB SPECIMEN COLLECTION | | \$29.00 |

Please note: The prices listed are at our standard rate for each line item charge.

If you have insurance, including Medicare or Medicaid plans, the amount you pay out of pocket will be lower depending on your insurance plan's contracted rate, your specific benefit plan, and which hospital you choose.

For specific program information, please contact one of our Financial Counselors at 937-914-7680
(except for Fort Hamilton Hospital 513-867-4178)

Kettering Health Dayton
Kettering Health Main Campus
Kettering Health Miamisburg
Kettering Health Washington Township
Kettering Health Greene Memorial Xenia Health Center
Kettering Health Hamilton
Soin Medical Center
Kettering Health Springfield Health Center
Kettering Health Troy

**** These Prices Apply to the Hospitals Listed Above ****