



Price Transparency

HealthSouth Colorado Springs strongly encourages all patients who are covered by health insurance to consult with your health insurer to determine accurate information about your financial responsibility for a stay in our inpatient rehabilitation facility (IRF). If you are not covered by health insurance, you are strongly encouraged to contact HealthSouth Colorado Springs' Admissions Office at 719-630-2308 to discuss payment options prior to receiving health care services from our inpatient rehabilitation facility. Please note, the posted healthcare prices may not reflect the actual amount of your financial responsibility, as the price may vary based on the patient's individual medical needs and circumstances.

HealthSouth Colorado Springs has provided the 50 most frequently charged items for patients receiving care in our inpatient rehabilitation hospital. Please note, this list is not all inclusive, and is intended to serve as a benchmark for health care costs associated with our hospital.

| CHARGE DESCRIPTION | PRICE PER UNIT | CHARGE DESCRIPTION | PRICE PER UNIT |
|--------------------------------|----------------|-------------------------------|----------------|
| ROOM AND CARE SEMI - PRIV | 966.41 | ST CONCURRENT | 4.20 |
| EZPAP-THERAPY W/MULT PRESCRIBD | 64.25 | OXYCODONE 5 MG TAB IR | 3.50 |
| THERAPEUTIC PROCEDURES | 61.00 | DOCUSATE-SENNA 50 MG-8.6 MG T | 3.50 |
| DRUG SCREEN, SERUM | 41.34 | HYDROMORPHONE 2 MG TAB | 3.50 |
| REAGENT STRIP/BLOOD GLUCOSE PO | 35.00 | ACETAMINOPHEN-HYDROCODONE 325 | 3.50 |
| AQUAGUARD BARRIER SEAL | 21.02 | METOPROLOL 25 MG TAB | 3.50 |
| PANTOPRAZOLE 40 MG TAB | 14.30 | VITAMIN D 1000 IU TABLET | 3.50 |
| INFLU VAC, INACT QUAD SUS 5ML | 11.87 | POTASSIUM CHLORIDE 10 MEQ ER | 3.50 |
| MORPHINE 15 MG ER TAB | 6.55 | ACETAMINOPHEN 500 MG TAB | 3.50 |
| WET WIPES | 6.04 | TRAMADOL 50 MG TAB | 3.50 |
| GABAPENTIN 300 MG CAP | 5.81 | ACETAMINOPHEN 325 MG TAB | 3.50 |
| AMLODIPINE 5 MG TAB | 5.75 | MULTIVITAMINS WITH MINERALS | 3.50 |
| DISCHARGE-CARRY, MOVE, HANDLE | 4.92 | BACLOFEN 10 MG TAB | 3.50 |
| PT EVAL (INDIV) | 4.90 | ATORVASTATIN 40 MG 1 TAB TAB | 3.50 |
| ST EVAL (INDIV) | 4.90 | GABAPENTIN 100 MG CAP | 3.50 |
| ACETAMINOPHEN-OXYCODONE 325 M | 4.79 | ASPIRIN 81MG TAB UD | 3.50 |
| OT EVAL (INDIV) | 4.70 | TRAZODONE 50 MG TAB | 3.50 |
| DISCHARGE-OTHER PRIMARY | 4.51 | DOCUSATE SODIUM 100 MG CAP | 3.50 |
| OT INDIVIDUAL | 4.50 | BUSPIRONE 5 MG TAB | 3.50 |
| PT INDIVIDUAL | 4.50 | CARBIDOPA-LEVODOPA 25 MG-100 | 3.50 |
| DISCHARGE-OTHER SLP | 4.32 | LISINAPRIL 5 MG TAB | 3.50 |
| GABAPENTIN 400 MG CAP | 4.27 | LEVETIRACETAM 500 MG TAB | 3.50 |
| PT CONCURRENT | 4.20 | OT GROUP | 3.20 |
| ST INDIVIDUAL | 4.20 | PT GROUP | 3.20 |

*Please note, Patients may receive multiple bills for services provided in our hospital facility, as physician services are billed separately from the hospital bill.