

### Price Transparency

HealthSouth Littleton 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 Littleton's Admissions Office at 303-334-1111 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 Littleton 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 PRIVATE (PER DAY)	\$ 1,159.54	SPEECH THERAPY INDIVIDUAL	\$ 4.20
ENOXAPARIN 40 MG/0.4 ML SC SO	\$ 100.71	PHYSICAL THERAPY CONCURRENT	\$ 4.20
STAT FEE	\$ 35.79	OCCUPATIONAL THERAPY CONCURRENT	\$ 4.20
PANTOPRAZOLE 40 MG TAB	\$ 14.30	SPEECH THERAPY CONCURRENT	\$ 4.20
LAMOTRIGINE 25 MG TAB-ER	\$ 11.53	OXYCODONE 5 MG TAB IR	\$ 3.50
Chux Underpad (30X30)	\$ 10.19	ACETAMINOPHEN 325 MG TAB	\$ 3.50
LABETALOL 100 MG TAB	\$ 7.98	ACETAMINOPHEN 500 MG TAB	\$ 3.50
CARVEDILOL 12.5 MG TAB	\$ 7.47	DOCUSATE-SENNA 50 MG-8.6 MG T	\$ 3.50
GABAPENTIN 300 MG CAP	\$ 5.81	METFORMIN 500 MG TAB	\$ 3.50
LIDOCAINE TOPICAL 4% FILM	\$ 5.80	ACETAMINOPHEN-HYDROCODONE 325	\$ 3.50
AMLODIPINE 5 MG TAB	\$ 5.75	ATORVASTATIN 10 MG 1 TAB TAB	\$ 3.50
POLYETHYLENE GLYCOL	\$ 5.34	POTASSIUM CHLORIDE 10 MEQ ER	\$ 3.50
FAMOTIDINE 20 MG TAB	\$ 5.31	BACLOFEN 10 MG TAB	\$ 3.50
PHYSICAL THERAPY EVAL (INDIV)	\$ 4.90	TRAZODONE 50 MG TAB	\$ 3.50
SPEECH THERAPY EVAL (INDIV)	\$ 4.90	LEVETIRACETAM 500 MG TAB	\$ 3.50
OCCUPATIONAL THERAPY EVAL (INDIV)	\$ 4.70	ASPIRIN 81MG TAB UD	\$ 3.50
LISINOPRIL 20MG TAB UD	\$ 4.63	GUAIFENESIN 600 MG ER TAB	\$ 3.50
OCCUPATIONAL THERAPY INDIVIDUAL	\$ 4.50	METOPROLOL 25 MG TAB	\$ 3.50
PHYSICAL THERAPY INDIVIDUAL	\$ 4.50	ATORVASTATIN 40 MG 1 TAB TAB	\$ 3.50
DISCHARGE-SELF CARE	\$ 4.47	VITAMIN D 1000 IU TABLET	\$ 3.50
DISCHARGE-CARRY, MOVE, HANDLE	\$ 4.46	PROPRANOLOL 10 MG TAB	\$ 3.50
LACTOBACILLUS ACIDOPHILUS CAP	\$ 4.29	BUSPIRONE 5 MG TAB	\$ 3.50
GABAPENTIN 400 MG CAP	\$ 4.27	METHYLPHENIDATE 5 MG TAB	\$ 3.50
DISCHARGE-MEMORY	\$ 4.25	METHOCARBAMOL 500 MG TAB	\$ 3.50

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