

	Procedure Description	Clinic Charge	Average Commercial Insurance Payment	Medicare Reimbursement	Medical Assistance Reimbursement
1	Office/Outpatient Visit New Patient Level 2	\$247.00	\$174.83	\$70.05	\$52.32
2	Office/Outpatient Visit New Patient Level 3	\$378.00	\$269.40	\$107.12	\$80.35
3	Office/Outpatient Visit New Patient Level 4	\$565.00	\$400.74	\$160.32	\$119.53
4	Office/Outpatient Visit New Patient Level 5	\$745.00	\$529.64	\$211.03	\$157.72
5	Office/Outpatient Visit Established Patient Level 1	\$78.00	\$55.72	\$23.09	\$17.11
6	Office/Outpatient Visit Established Patient Level 2	\$190.00	\$135.92	\$54.97	\$40.92
7	Office/Outpatient Visit Established Patient Level 3	\$308.00	\$217.50	\$88.02	\$65.22
8	Office/Outpatient Visit Established Patient Level 4	\$436.00	\$306.92	\$124.07	\$92.25
9	Office/Outpatient Visit Established Patient Level 5	\$608.00	\$432.07	\$174.03	\$129.20
10	Preventive Visit New Patient Infant	\$374.00	\$262.37	\$0.00	\$79.11
11	Preventive Visit New Patient Ages 1-4 Years	\$390.00	\$273.80	\$0.00	\$82.58
12	Preventive Visit New Patient Ages 5-11 Years	\$405.00	\$284.40	\$0.00	\$85.80
13	Preventive Visit New Patient Ages 12-17 Years	\$455.00	\$322.57	\$0.00	\$96.47
14	Preventive Visit New Patient Ages 18-39 Years	\$442.00	\$313.03	\$0.00	\$93.74
15	Preventive Visit New Patient Ages 40-64 Years	\$512.00	\$361.48	\$0.00	\$107.88
16	Preventive Visit New Patient Ages 65+ Years	\$554.00	\$391.60	\$0.00	\$117.05
17	Preventive Visit Established Patient Under Age 1	\$336.00	\$236.59	\$0.00	\$71.17
18	Preventive Visit Established Patient Ages 1-4 Years	\$360.00	\$251.77	\$0.00	\$75.88
19	Preventive Visit Established Patient Ages 5-11 Years	\$359.00	\$250.95	\$0.00	\$75.64
20	Preventive Visit Established Patient Ages 12-17 Years	\$391.00	\$274.36	\$0.00	\$82.58
21	Preventive Visit Established Patient Ages 18-39 Years	\$399.00	\$280.32	\$0.00	\$84.32
22	Preventive Visit Established Patient Ages 40-64 Years	\$425.00	\$300.30	\$0.00	\$89.52
23	Preventive Visit Established Patient Ages 65+ Years	\$456.00	\$323.39	\$0.00	\$96.72
24	Administration of Injection	\$59.00	\$42.70	\$20.41	\$14.88
25	Electrocardiogram, 12 Lead Int	\$51.00	\$34.51	\$13.80	\$10.41

**ATTENTION: The amounts posted above DO NOT reflect the amount(s) each clinic patient will pay for the services listed .** For specific information about the amount you will owe, please contact your insurance provider.

The Minnesota Legislature passed a law that requires certain clinics to report amounts for their 25 most frequent services that cost more than \$25. The services listed here do not reflect all of the services provided at this clinic

Charges represent the standard amount a clinic bills for a service. For most patients, clinics get paid an amount below the listed charge.

Patients covered by commercial health insurance or a Medicare Advantage plan: Your health insurance company has likely negotiated a discount or contracted rate for each service. Your health insurance company's negotiated rate might be higher or lower than the average commercial payment amount

Patients with government-sponsored health coverage, such as Medicare or Medical Assistance: The payment rates listed above reflect amounts set by Medicare or Medical Assistance, not by this clinic. These rates do not reflect the amount you may owe as a co-payment.