

	Procedure Description	Clinic Charge	Average Commercial Insurance Payment	Medicare Reimbursement	Medical Assistance Reimbursement
1	Office/Outpatient Visit New Patient Level 2	\$237.00	\$162.76	\$66.51	\$52.91
2	Office/Outpatient Visit New Patient Level 3	\$364.00	\$250.10	\$101.92	\$80.77
3	Office/Outpatient Visit New Patient Level 4	\$542.00	\$372.40	\$151.54	\$120.77
4	Office/Outpatient Visit New Patient Level 5	\$716.00	\$492.28	\$199.83	\$159.51
5	Office/Outpatient Visit Established Patient Level 1	\$76.00	\$51.93	\$21.76	\$16.96
6	Office/Outpatient Visit Established Patient Level 2	\$184.00	\$126.41	\$52.04	\$41.01
7	Office/Outpatient Visit Established Patient Level 3	\$294.00	\$202.36	\$82.82	\$66.08
8	Office/Outpatient Visit Established Patient Level 4	\$415.00	\$285.40	\$117.11	\$93.43
9	Office/Outpatient Visit Established Patient Level 5	\$585.00	\$402.16	\$163.92	\$131.15
10	Preventive Visit New Patient Infant	\$355.00	\$250.95	\$0.00	\$79.75
11	Preventive Visit New Patient Ages 1-4 Years	\$371.00	\$261.90	\$0.00	\$83.30
12	Preventive Visit New Patient Ages 5-11 Years	\$385.00	\$272.06	\$0.00	\$86.59
13	Preventive Visit New Patient Ages 12-17 Years	\$438.00	\$309.59	\$0.00	\$97.73
14	Preventive Visit New Patient Ages 18-39 Years	\$425.00	\$300.21	\$0.00	\$94.95
15	Preventive Visit New Patient Ages 40-64 Years	\$491.00	\$347.12	\$0.00	\$109.63
16	Preventive Visit New Patient Ages 65+ Years	\$531.00	\$375.26	\$0.00	\$118.75
17	Preventive Visit Established Patient Under Age 1	\$321.00	\$226.72	\$0.00	\$71.90
18	Preventive Visit Established Patient Ages 1-4 Years	\$341.00	\$240.79	\$0.00	\$76.46
19	Preventive Visit Established Patient Ages 5-11 Years	\$340.00	\$240.01	\$0.00	\$76.21
20	Preventive Visit Established Patient Ages 12-17 Years	\$372.00	\$262.68	\$0.00	\$83.55
21	Preventive Visit Established Patient Ages 18-39 Years	\$379.00	\$268.15	\$0.00	\$85.32
22	Preventive Visit Established Patient Ages 40-64 Years	\$408.00	\$288.48	\$0.00	\$91.15
23	Preventive Visit Established Patient Ages 65+ Years	\$439.00	\$310.37	\$0.00	\$97.98
24	Administration of Injection	\$56.00	\$38.55	\$18.89	\$12.15
25	X-ray exam chest 2 views	\$77.00	\$52.74	\$23.35	\$25.04

**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.