

	Procedure Description	Clinic Charge	Average Commercial Insurance Payment	Medicare Reimbursement	Medical Assistance Reimbursement
1	Office/Outpatient Visit New Patient Level 2	\$255.00	\$177.84	\$69.10	\$54.35
2	Office/Outpatient Visit New Patient Level 3	\$390.00	\$269.65	\$106.48	\$83.05
3	Office/Outpatient Visit New Patient Level 4	\$582.00	\$404.92	\$159.37	\$124.46
4	Office/Outpatient Visit New Patient Level 5	\$768.00	\$529.92	\$209.89	\$163.83
5	Office/Outpatient Visit Established Patient Level 1	\$81.00	\$56.77	\$22.81	\$17.78
6	Office/Outpatient Visit Established Patient Level 2	\$196.00	\$132.54	\$54.53	\$42.67
7	Office/Outpatient Visit Established Patient Level 3	\$318.00	\$214.12	\$87.61	\$68.32
8	Office/Outpatient Visit Established Patient Level 4	\$450.00	\$303.57	\$122.99	\$96.26
9	Office/Outpatient Visit Established Patient Level 5	\$627.00	\$423.31	\$172.48	\$135.12
10	Preventive Visit New Patient Infant	\$386.00	\$266.90	\$0.00	\$82.29
11	Preventive Visit New Patient Ages 1-4 Years	\$402.00	\$278.97	\$0.00	\$86.10
12	Preventive Visit New Patient Ages 5-11 Years	\$418.00	\$289.86	\$0.00	\$89.40
13	Preventive Visit New Patient Ages 12-17 Years	\$469.00	\$325.43	\$0.00	\$100.07
14	Preventive Visit New Patient Ages 18-39 Years	\$456.00	\$316.28	\$0.00	\$97.28
15	Preventive Visit New Patient Ages 40-64 Years	\$528.00	\$365.02	\$0.00	\$112.01
16	Preventive Visit New Patient Ages 65+ Years	\$571.00	\$395.89	\$0.00	\$121.41
17	Preventive Visit Established Patient Under Age 1	\$347.00	\$240.10	\$0.00	\$74.16
18	Preventive Visit Established Patient Ages 1-4 Years	\$371.00	\$255.83	\$0.00	\$78.74
19	Preventive Visit Established Patient Ages 5-11 Years	\$370.00	\$255.03	\$0.00	\$78.48
20	Preventive Visit Established Patient Ages 12-17 Years	\$403.00	\$278.79	\$0.00	\$85.85
21	Preventive Visit Established Patient Ages 18-39 Years	\$411.00	\$285.22	\$0.00	\$87.63
22	Preventive Visit Established Patient Ages 40-64 Years	\$438.00	\$303.32	\$0.00	\$92.96
23	Preventive Visit Established Patient Ages 65+ Years	\$470.00	\$326.07	\$0.00	\$100.33
24	Administration of Vaccine	\$61.00	\$45.59	\$20.16	\$15.74
25	Electrocardiogram, 12 Lead Int	\$53.00	\$35.98	\$13.63	\$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.