

	Procedure Description	Clinic Charge	Average Commercial Insurance Payment	Medicare Reimbursement	Medical Assistance Reimbursement
1	Office/Outpatient Visit New Patient Level 2	\$263.00	\$190.45	\$74.72	\$54.16
2	Office/Outpatient Visit New Patient Level 3	\$403.00	\$295.60	\$115.51	\$83.66
3	Office/Outpatient Visit New Patient Level 4	\$601.00	\$442.34	\$174.11	\$125.11
4	Office/Outpatient Visit New Patient Level 5	\$792.00	\$583.86	\$231.48	\$164.78
5	Office/Outpatient Visit Established Patient Level 1	\$84.00	\$61.46	\$24.67	\$17.80
6	Office/Outpatient Visit Established Patient Level 2	\$203.00	\$149.05	\$59.03	\$42.72
7	Office/Outpatient Visit Established Patient Level 3	\$328.00	\$241.03	\$94.49	\$68.66
8	Office/Outpatient Visit Established Patient Level 4	\$464.00	\$339.70	\$134.25	\$96.36
9	Office/Outpatient Visit Established Patient Level 5	\$647.00	\$475.79	\$190.11	\$135.54
10	Preventive Visit New Patient Infant	\$398.00	\$288.91	\$0.00	\$82.90
11	Preventive Visit New Patient Ages 1-4 Years	\$415.00	\$302.50	\$0.00	\$86.46
12	Preventive Visit New Patient Ages 5-11 Years	\$431.00	\$314.00	\$0.00	\$89.76
13	Preventive Visit New Patient Ages 12-17 Years	\$484.00	\$352.67	\$0.00	\$100.44
14	Preventive Visit New Patient Ages 18-39 Years	\$471.00	\$343.06	\$0.00	\$97.65
15	Preventive Visit New Patient Ages 40-64 Years	\$545.00	\$395.54	\$0.00	\$112.40
16	Preventive Visit New Patient Ages 65+ Years	\$589.00	\$429.19	\$0.00	\$122.31
17	Preventive Visit Established Patient Under Age 1	\$358.00	\$259.23	\$0.00	\$74.25
18	Preventive Visit Established Patient Ages 1-4 Years	\$383.00	\$276.38	\$0.00	\$78.83
19	Preventive Visit Established Patient Ages 5-11 Years	\$382.00	\$276.17	\$0.00	\$78.83
20	Preventive Visit Established Patient Ages 12-17 Years	\$416.00	\$301.46	\$0.00	\$85.95
21	Preventive Visit Established Patient Ages 18-39 Years	\$424.00	\$309.40	\$0.00	\$88.24
22	Preventive Visit Established Patient Ages 40-64 Years	\$452.00	\$329.05	\$0.00	\$93.58
23	Preventive Visit Established Patient Ages 65+ Years	\$485.00	\$354.13	\$0.00	\$100.95
24	Administration of Vaccine	\$63.00	\$52.03	\$22.27	\$15.76
25	Electrocardiogram, 12 Lead Int	\$55.00	\$38.48	\$15.16	\$10.51

**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

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.