

Price information in compliance with MN 62J.812

Minnesota statute 62J.812 requires our clinic to post provider charges for common services, and the average payments or reimbursements received for those services from government and commercial insurance.

Service	Provider Charge	Medicare, allowable payment	Medicaid, allowable payment	Commercial, average reimbursement
<i>Outpatient office visits for new¹ patients, by level of complexity</i>				
LEVEL II	\$204.00	N/A	\$52.91	\$144.78
LEVEL III	\$306.00	N/A	\$80.77	\$227.22
LEVEL IV	\$421.00	N/A	\$120.77	\$297.62
LEVEL V	\$472.00	N/A	\$159.51	\$343.11
<i>Outpatient office visits for established¹ patients, by level of complexity</i>				
LEVEL I	\$61.00	N/A	\$16.96	\$59.32
LEVEL II	\$111.00	N/A	\$38.57	\$96.51
LEVEL III	\$177.00	N/A	\$62.15	\$156.89
LEVEL IV	\$306.00	N/A	\$99.86	\$240.85
LEVEL V	\$357.00	N/A	\$131.15	\$304.15
<i>Periodic preventive medicine for new¹ patients, by age</i>				
LESS THAN 1 YR	\$279.00	N/A	\$276.42 ²	\$207.61
1-4 YRS	\$284.00	N/A	\$307.45 ²	\$219.56
5-11 YRS	\$362.00	N/A	\$285.04 ²	\$242.61
12-17 YRS	\$362.00	N/A	\$285.04 ²	\$237.74
18-24 YRS	\$362.00	N/A	\$285.60 ²	\$250.66
<i>Periodic preventive medicine for established¹ patients, by age</i>				
LESS THAN 1 YR	\$253.00	N/A	\$299.29 ²	\$195.27
1-4 YRS	\$323.00	N/A	\$299.29 ²	\$221.11
5-11 YRS	\$321.00	N/A	\$285.04 ²	\$219.46
12-17 YR	\$352.00	N/A	\$285.04 ²	\$244.06
18-24 YRS	\$352.00	N/A	\$285.04 ²	\$218.83
<i>Additional common services</i>				
STREP I.D.	\$41.00	N/A	\$16.52	\$19.33
STREP A PCR	\$88.00	N/A	\$35.06	\$47.00
INFLUENZA A & B TEST	\$74.00	N/A	\$33.08	\$35.07
COVID TEST SDPA-LAB	\$102.00	N/A	\$99.90	\$98.13
IMMUN ADMIN WITH COUNSELING	\$62.00	N/A	\$21.22	\$37.24

¹Coding standards and associated charge and reimbursement values may vary based on complexity of a visit (visit level) and whether a patient is a new or existing patient. A **new patient** has not received professional services from a provider in the same specialty and in the same group practice within the previous three years. An **established patient** has received professional services from a provider in the same specialty and in the same group practice within the previous three years.

²Includes additional bundled services. Payment will include one or more of the bundled services-vision screening, hearing screening, developmental/social-emotional/mental health screening, immunizations and oral health.

This is not a comprehensive list of services provided by our clinic.

These charges are meant to be informative and do not reflect the amount you may owe for your care. Individual health plans have negotiated rates with the clinic.