

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	Billed Charge	Medicare Rate	Medical Assistance Rate	Average Commercial Rate (Allowed Amount)	
Outpatient office vis	it for new* patie	nts, by level of co	omplexity		
LEVEL II	\$195.00	N/A	\$52.32	\$123.09	Evaluation
LEVEL III	\$280.00	N/A	\$80.35	\$215.26	
LEVEL IV	\$395.00	N/A	\$119.53	\$318.81	
LEVEL V	\$495.00	N/A	\$157.72	\$390.09	
Outpatient office visit fo	r established* p	atients, by level	of complexity		
LEVEL I	\$61.00	N/A	\$17.11	\$48.65	Malagallelic
LEVEL II	\$120.00	N/A	\$40.92	\$80.36	
LEVEL III	\$200.00	N/A	\$65.22	\$160.28	
LEVEL IV	\$270.00	N/A	\$92.25	\$230.06	
LEVEL V	\$380.00	N/A	\$129.20	\$316.91	
Preventive n	nedicine for new	/* patients, by ag	je		
LESS THAN 1 YEAR	\$280.00	N/A	\$79.11	\$218.75	Frevericive
1-4 YEARS	\$295.00	N/A	\$82.58	\$228.06	
5-11 YEARS	\$305.00	N/A	\$85.80	\$235.15	
12-17 YEARS	\$345.00	N/A	\$96.47	\$268.51	
18-39 YEARS	\$350.00	N/A	\$93.74	\$260.69	2
Preventive med	icine for establis	hed* patients, b	y age		
LESS THAN 1 YEAR	\$55.00	N/A	\$71.17	\$197.35	Services
1-4 YEARS	\$265.00	N/A	\$75.88	\$210.04	
5-11 YEARS	\$275.00	N/A	\$75.64	\$208.74	
12-17 YEARS	\$295.00	N/A	\$82.58	\$227.83	
18-39 YEARS	\$300.00	N/A	\$84.32	\$232.42	
(	ther common s	ervices			
Strep Group A Rapid Detection	\$87.00	N/A	\$35.09	\$49.42	
Immunization administration through 18	\$53.00	N/A	\$16.36	\$31.30	
years; first vaccine/toxoid component					(
Immunization administration through 18	¢20.00	NI/A	¢7.10	¢2427	Other
vears: additional toxoid	\$29.00	N/A	\$7.19	\$24.37	2
Audio screening test, pure tone, air only	\$31.00	N/A	\$8.67	\$22.49	
Influenza Vaccine	\$28.00	N/A	\$21.51	\$22.82	
SARS-CoV-2 Rapid Detection	\$293.00	N/A	\$142.63	\$199.22	

<sup>\*</sup>Coding 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.

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 you or your child's care. Individual health plans have negotiated rates with our clinic.