

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 new* patients, by level of complexity</i> | | | | |
| LEVEL II | 306 | 71 | 50 | 237 |
| LEVEL III | 442 | 108 | 76 | 362 |
| LEVEL IV | 659 | 161 | 114 | 540 |
| LEVEL V | 871 | 212 | 150 | 712 |
| <i>Outpatient office visits for established* patients, by level of complexity</i> | | | | |
| LEVEL I | 141 | 23 | 16 | 75 |
| LEVEL II | 223 | 55 | 39 | 181 |
| LEVEL III | 358 | 88 | 62 | 291 |
| LEVEL IV | 504 | 124 | 88 | 411 |
| LEVEL V | 711 | 174 | 124 | 578 |
| <i>Periodic preventive medicine for new* patients, by age</i> | | | | |
| LESS THAN 1 YR | 432 | - | 75 | 350 |
| 1-4 YRS | 450 | - | 79 | 365 |
| 5-11 YRS | 468 | - | 82 | 379 |
| 12-17 YRS | 532 | - | 92 | 431 |
| 18-39 YRS | 516 | - | 90 | 418 |
| 40-64 YRS | 597 | - | 103 | 483 |
| 65 YRS AND OLDER | 645 | - | 112 | 523 |
| <i>Periodic preventive medicine for established* patients, by age</i> | | | | |
| LESS THAN 1 YR | 390 | - | 68 | 316 |
| 1-4 YRS | 414 | - | 72 | 336 |
| 5-11 YRS | 413 | - | 72 | 335 |
| 12-17 YRS | 452 | - | 79 | 366 |
| 18-39 YRS | 461 | - | 80 | 374 |
| 40-64 YRS | 496 | - | 86 | 401 |
| 65 YRS AND OLDER | 534 | - | 92 | 432 |
| <i>Common lab services</i> | | | | |
| Lipid panel | 43 | 13 | 13 | 16 |
| Comprehensive metabolic panel | 34 | 10 | 11 | 12 |
| Metabolic panel total ca | 27 | 8 | 8 | 10 |
| Hemoglobin glycosylated A1C | 30 | 10 | 10 | 12 |
| Surgical Pathology Exam | 280 | 71 | 70 | 217 |

*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.

This list of charges is meant to be informative and does not reflect the amount that you may owe for your care. Individual health plans have negotiated rates with Fairview Range Medical Center, part of Fairview Health Services. To get an accurate estimate of the payment rate our system will receive related to your care, and/or an estimate of what you may need to pay out of pocket, please contact us at **218-362-6624** or **1-877-390-6624**.