

## 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 I	121	44.91	33.14	112.76
LEVEL II	206	74.88	55.50	189.94
LEVEL III	297	105.57	78.13	273.05
LEVEL IV	451	160.21	118.64	416.02
LEVEL V	568	201.21	149.16	523.29
<i>Outpatient office visits for established* patients, by level of complexity</i>				
LEVEL I	56	22.64	16.57	53.94
LEVEL II	120	44.43	32.88	111.10
LEVEL III	201	72.94	53.92	184.87
LEVEL IV	295	106.82	79.18	272.76
LEVEL V	397	142.72	105.75	367.29
<i>Periodic preventive medicine for new* patients, by age</i>				
LESS THAN 1 YR	303	109.56	81.02	280.72
1-4 YRS	317	114.68	84.96	293.32
5-11 YRS	330	119.29	88.39	305.17
12-17 YRS	371	134.49	99.70	344.12
18-39 YRS	360	130.09	96.28	333.51
40-64 YRS	418	150.75	111.80	387.12
65 YRS AND OLDER	453	163.36	121.01	419.34
<i>Periodic preventive medicine for established* patients, by age</i>				
LESS THAN 1 YR	272	98.72	73.13	251.92
1-4 YRS	290	105.26	77.86	269.02
5-11 YRS	289	104.90	77.60	268.12
12-17 YRS	318	114.99	85.23	294.22
18-39 YRS	325	117.48	87.07	300.53
40-64 YRS	346	125.08	92.59	320.14
65 YRS AND OLDER	372	134.49	99.70	345.02
<i>Common lab services</i>				
Lipid panel	40	14.58	14.87	24.90
Comprehensive metabolic panel	32	11.51	11.73	19.71
Thyroid stimulating hormone test	50	18.30	18.65	31.26
Hemoglobin glycosylated A1C	29	10.57	10.78	18.10
Strep test (Group A)	36	16.20	16.52	23.73

\*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 HealthEast, 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 Fairview's pricing department at **612-672-2606** or view the billing page on [fairview.org](http://fairview.org).