

## 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	178	45	35	125
LEVEL II	297	74	58	208
LEVEL III	420	105	82	295
LEVEL IV	638	160	126	448
LEVEL V	802	202	159	563
<i>Outpatient office visits for established* patients, by level of complexity</i>				
LEVEL I	141	23	18	62
LEVEL II	175	45	35	123
LEVEL III	288	74	58	202
LEVEL IV	422	107	84	296
LEVEL V	565	143	112	397
<i>Periodic preventive medicine for new* patients, by age</i>				
LESS THAN 1 YR	432	-	86	303
1-4 YRS	452	-	90	318
5-11 YRS	470	-	93	330
12-17 YRS	531	-	105	373
18-39 YRS	513	-	102	360
40-64 YRS	595	-	118	418
65 YRS AND OLDER	645	-	128	453
<i>Periodic preventive medicine for established* patients, by age</i>				
LESS THAN 1 YR	389	-	77	273
1-4 YRS	415	-	82	291
5-11 YRS	414	-	82	290
12-17 YRS	454	-	90	319
18-39 YRS	463	-	92	325
40-64 YRS	493	-	98	347
65 YRS AND OLDER	531	-	105	373
<i>Common lab services</i>				
Lipid panel	40	13	13	18
Comprehensive metabolic panel	35	10	11	14
Thyroid stimulating hormone test	50	16	17	22
Hemoglobin glycosylated A1C	33	10	10	13
Strep test (Group A)	40	16	17	18

\*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 Grand Itasca Clinic & Hospital, 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 **218-999-1710**.