## 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
Outpatient office visits for new* patients, by level of complexity				
LEVEL II	326	68	51	219
LEVEL III	504	105	79	334
LEVEL IV	747	157	118	501
LEVEL V	986	207	155	657
Outpatient office visits for established* patients, by level of complexity				
LEVELI	148	22	17	71
LEVEL II	255	54	40	166
LEVEL III	406	86	65	268
LEVEL IV	573	121	91	379
LEVEL V	803	170	127	530
Periodic preventive medicine for new* patients, by age				
LESS THAN 1 YR	489	-	77	324
1-4 YRS	510	-	80	339
5-11 YRS	530	-	83	352
12-17 YRS	596	-	93	395
18-39 YRS	579	-	91	384
40-64 YRS	667	-	104	442
65 YRS AND OLDER	726	-	113	480
Periodic preventive medicine for established* patients, by age				
LESS THAN 1 YR	438	-	70	291
1-4 YRS	469	-	74	310
5-11 YRS	468	-	74	309
12-17 YRS	510	-	81	338
18-39 YRS	522	-	83	346
40-64 YRS	554	-	88	368
65 YRS AND OLDER	597	-	95	396
Other common services				
Lipid panel	41	13	13	18
Comprehensive metabolic panel	33	10	11	14
Hemoglobin glycosylated A1C	29	10	10	13
Assay thyroid stim hormone	53	17	17	22
Immunization administration	40	20	17	28

\*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 specialty and in 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**.