## 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	ce visits for new* patier	nts, by level of comp	olexity	
LEVEL II	283	69	49	219
LEVEL III	433	106	76	328
LEVEL IV	642	158	113	491
LEVEL V	847	208	149	640
Outpatient office v	risits for established* po	ntients, by level of c	omplexity	
LEVEL I	92	23	16	71
LEVEL II	222	54	39	160
LEVEL III	351	87	62	256
LEVEL IV	497	122	87	365
LEVEL V	695	172	122	556
Periodic pr	eventive medicine for n	ew* patients, by ag	ie	
LESS THAN 1 YR	425	-	75	316
1-4 YRS	444	-	78	330
5-11 YRS	461	-	81	343
12-17 YRS	518	-	91	387
18-39 YRS	504	-	88	376
40-64 YRS	581	-	102	433
65 YRS AND OLDER	630	-	110	471
Periodic preve	ntive medicine for estal	blished* patients, b	y age	
LESS THAN 1 YR	384	-	67	285
1-4 YRS	408	-	72	303
5-11 YRS	407	-	71	302
12-17 YRS	444	-	78	331
18-39 YRS	455	-	80	339
40-64 YRS	482	-	84	360
65 YRS AND OLDER	520	-	91	388
	Common lab serv	vices		
Lipid panel	39	13	13	23
Comprehensive metabolic panel	29	10	11	18
Hemoglobin glycosylated A1C	27	10	10	17
Assay thyroid stim hormone	46	17	17	29
Immunization administration	40	20	14	30

<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.

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 Health Services. To get an accurate estimate of the payment rate Fairview 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 **612-672-1048** or view the billing page on **mhealthfairview.org**.