## 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	Medicaid, allowable	Commercial, average
		payment	payment	reimbursement
Outpatient office	visits for new* patier	nts, by level of comp	<del>, '</del>	
LEVEL II	259	72	50	205
LEVEL III	368	111	76	292
LEVEL IV	558	166	114	445
LEVEL V	705	219	150	562
Outpatient office visit	ts for established* pa	ntients, by level of c	omplexity	
LEVEL I	81	23	16	62
LEVEL II	156	56	39	124
LEVEL III	256	91	62	204
LEVEL IV	373	129	89	296
LEVEL V	499	179	120	398
Periodic prev	entive medicine for n	ew* patients, by ag	ie .	
LESS THAN 1 YR	381	-	76	293
1-4 YRS	399	-	79	306
5-11 YRS	416	-	82	320
12-17 YRS	469	-	92	361
18-39 YRS	454	-	90	350
40-64 YRS	525	-	103	405
65 YRS AND OLDER	569	-	112	440
Periodic preventi	ive medicine for estal	blished* patients, b	y age	
LESS THAN 1 YR	344	-	68	264
1-4 YRS	366	-	73	281
5-11 YRS	365	-	72	280
12-17 YRS	401	-	79	308
18-39 YRS	411	-	81	316
40-64 YRS	436	-	86	336
65 YRS AND OLDER	469	-	93	361
	Common lab serv	vices		
Lipid panel	43	13	13	21
Comprehensive metabolic panel	34	11	11	17
Thyroid stimulating hormone test	54	17	17	27
Hemoglobin glycosylated A1C	31	10	10	15
Strep test (Group A)	42	17	17	25

<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 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 **mhealthfairview.org**.