

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	127.27	44.91	33.14	117.61
LEVEL II	242.60	74.88	55.50	198.44
LEVEL III	379.04	105.57	78.13	285.40
LEVEL IV	599.29	160.21	118.64	435.28
LEVEL V	752.56	201.21	149.16	546.97
<i>Outpatient office visits for established* patients, by level of complexity</i>				
LEVEL I	84.79	22.64	16.57	56.10
LEVEL II	137.32	44.43	32.88	115.97
LEVEL III	272.65	72.94	53.92	193.27
LEVEL IV	415.70	106.82	79.18	285.19
LEVEL V	556.81	142.72	105.75	383.92
<i>Periodic preventive medicine for new* patients, by age</i>				
LESS THAN 1 YR	435.07	109.56	81.02	293.44
1-4 YRS	454.53	114.68	84.96	306.64
5-11 YRS	472.60	119.29	88.39	319.14
12-17 YRS	533.07	134.49	99.70	360.14
18-39 YRS	457.02	130.09	96.28	348.83
40-64 YRS	534.69	150.75	111.80	404.92
65 YRS AND OLDER	600.94	163.36	121.01	438.62
<i>Periodic preventive medicine for established* patients, by age</i>				
LESS THAN 1 YR	390.59	98.72	73.13	263.51
1-4 YRS	417.00	105.26	77.86	281.41
5-11 YRS	415.61	104.90	77.60	280.48
12-17 YRS	455.63	114.99	85.23	307.82
18-39 YRS	416.90	117.48	87.07	314.42
40-64 YRS	437.77	125.08	92.59	334.91
65 YRS AND OLDER	484.97	134.49	99.70	360.84
<i>Common lab services</i>				
Lipid panel	54.80	14.58	14.87	19.14
Comprehensive metabolic panel	40.92	11.51	11.73	15.10
Thyroid stimulating hormone test	47.39	18.30	18.65	24.05
Hemoglobin glycosylated A1C	42.25	10.57	10.78	13.92
Strep test (Group A)	59.51	16.20	16.52	18.53

*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 University of Minnesota Physicians. 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 your insurance company.