

#	Procedure Description	Clinic Charge	Average Commercial Insurance Payment	Medicare Reimbursement	Medical Assistance Reimbursement
1	OFFICE OP VISIT NEW PT LEVEL I	\$108	\$65	\$51	\$47
2	OFFICE OP VISIT NEW PT LEVEL II	\$189	\$113	\$95	\$87
3	OFFICE OP VISIT NEW PT LEVEL III	\$268	\$161	\$136	\$124
4	OFFICE OP VISIT NEW PT LEVEL IV	\$410	\$246	\$215	\$193
5	OFFICE OP VISIT NEW PT LEVEL V	\$513	\$308	\$274	\$245
6	OFFICE OP VISIT EST PT LEVEL I	\$61	\$37	\$26	\$26
7	OFFICE OP VISIT EST PT LEVEL II	\$108	\$65	\$52	\$49
8	OFFICE OP VISIT EST PT LEVEL III	\$181	\$109	\$92	\$84
9	OFFICE OP VISIT EST PT LEVEL IV	\$268	\$161	\$139	\$126
10	OFFICE OP VISIT EST PT LEVEL V	\$361	\$217	\$189	\$171
11	PREV MED E&M NEW 18-39 Y O	\$294	\$176	N/A	\$159
12	PREV MED E&M NEW 40-64 Y O	\$340	\$204	N/A	\$186
13	PREV MED E&M EST <1 Y O	\$207	\$124	N/A	\$114
14	PREV MED E&M EST 1-4 Y O	\$234	\$140	N/A	\$126
15	PREV MED E&M EST 5-11 Y O	\$228	\$137	N/A	\$124
16	PREV MED E&M EST 12-17 Y O	\$255	\$153	N/A	\$138
17	PREV MED E&M EST 18-39 Y O	\$255	\$153	N/A	\$140
18	PREV MED E&M EST 40-64 Y O	\$282	\$169	N/A	\$154
19	ANNUAL WELLVISIT INIT - MEDICARE	\$477	N/A	\$172	N/A
20	ANNUAL WELLVISIT SUB - MEDICARE	\$298	N/A	\$117	N/A
21	IMMUN ADMIN 1 SNGL	\$51	\$31	\$17	\$13
22	IMMUN ADMIN EACH ADDL	\$27	\$16	\$13	\$10
23	THER PROPHY DIAG INJ SC IM	\$61	\$37	\$17	\$12
24	REMOVE IMPACTED EAR WAX, UNILAT	\$75	\$45	\$14	\$10
25	REMOVL SKIN TAGS UP TO & INCL 15 LSN	\$222	\$133	\$119	\$101

ATTENTION: The amounts posted above DO NOT reflect the amount(s) each clinic patient will pay for the services listed. For specific information about the amount you will owe for the services you receive, please contact your insurer.

For more information, please contact Patient Financial Services at 218-347-4500 or phpfs@perhamhealth.org.