#	Procedure Description	Clinic Charge	Average Commercial Insurance Payment	Medicare Reimbursement	Medical Assistance Reimbursement
1	OFFICE OP VISIT NEW PT LEVEL II	$216	$109	$88	$76
2	OFFICE OP VISIT NEW PT LEVEL III	$308	$175	$139	$119
3	OFFICE OP VISIT NEW PT LEVEL IV	$467	$260	$220	$187
4	OFFICE OP VISIT NEW PT LEVEL V	$583	$306	$288	$244
5	OFFICE OP VISIT EST PT LEVEL I	$72	$35	$23	$20
6	OFFICE OP VISIT EST PT LEVEL II	$129	$68	$60	$50
7	OFFICE OP VISIT EST PT LEVEL III	$221	$113	$107	$91
8	OFFICE OP VISIT EST PT LEVEL IV	$309	$162	$154	$131
9	OFFICE OP VISIT EST PT LEVEL V	$412	$215	$219	$185
10	PREV MED E&M NEW 12-17 Y O	$351	$207	N/A	$140
11	PREV MED E&M NEW 18-39 Y O	$335	$233	N/A	$133
12	PREV MED E&M NEW 40-64 Y O	$406	$270	N/A	$162
13	PREV MED E&M EST <1 Y O	$268	$165	N/A	$101
14	PREV MED E&M EST 1-4 Y O	$278	$177	N/A	$107
15	PREV MED E&M EST 5-11 Y O	$278	$169	N/A	$107
16	PREV MED E&M EST 12-17 Y O	$304	$191	N/A	$119
17	PREV MED E&M EST 18-39 Y O	$304	$200	N/A	$121
18	PREV MED E&M EST 40-64 Y O	$335	$216	N/A	$133
19	ANNUAL WELLVISIT INIT - MEDICARE	$371	N/A	$173	N/A
20	ANNUAL WELLVISIT SUB - MEDICARE	$350	N/A	$136	N/A
21	IMMUN ADMIN 1 SNGL	$64	$31	$22	$16
22	IMMUN ADMIN EACH ADDL	$32	$23	$16	$11
23	THER PROPHY DIAG INJ SC IM	$76	$27	$15	$11
24	COLLECTION VENOUS BLOOD VENIPUNCTURE	$31	$9	N/A	$9
25	TDAP 7 YRS OR OLDER IM	$110	$51	N/A	$38

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.

• The Minnesota Legislature passed a law that requires certain clinics to report amounts for their 25 most frequent services that cost more than $25. The services listed here do not reflect all of the services provided at this clinic.

• Charges represent the standard amount a clinic bills for a service. For most patients, clinics get paid an amount well below the listed charge.

• Patients covered by commercial health insurance or a Medicare Advantage plan: Your health insurance company has likely negotiated a discount or contracted rate for each service. Your health insurance company's negotiated price might be higher or lower than the average commercial payment amount listed above. To learn more about your health insurance company's negotiated price or how much you will owe under the terms of your specific health policy, please contact your health insurance company.

• Patients with government-sponsored health coverage, such as Medicare or Medical Assistance: The payment rates listed above reflect amounts set by Medicare or Medical Assistance, not by this clinic. These listed rates do not reflect the amount you might owe as a co-payment.

• For more information, please Patient Financial Services at 218-347-1350 or phpfs@perhamhealth.org.