



A member of St. Luke's

# Price Transparency

Procedure Description	Clinic Charge	Medicare Reimbursement	Medicaid Reimbursement	Avg Commercial Insurance Payment
Office Visit New Patient - Level 2	\$146.50	\$72.30	\$58.86	\$129.04
Office Visit New Patient - Level 3	\$210.50	\$106.63	\$82.86	\$176.45
Office Visit New Patient - Level 4	\$320.50	\$175.97	\$125.82	\$282.79
Office Visit Established Patient - Level 2	\$96.00	\$39.03	\$34.87	\$78.50
Office Visit Established Patient - Level 3	\$157.00	\$74.93	\$57.19	\$129.68
Office Visit Established Patient - Level 4	\$212.00	\$111.61	\$83.97	\$185.60
Office Visit Established Patient - Level 5	\$283.00	\$152.03	\$112.15	\$249.46
Preventive Office Visit Established 01-04 Yrs	\$208.00	-	\$92.34	\$217.54
Preventive Office Visit Established 18-39 Yrs	\$278.00	-	\$98.20	\$238.50
Preventive Office Visit Established 40-64 Yrs	\$319.00	-	\$105.74	\$240.71
Initial Preventive Physical Exam-Medicare	\$301.00	\$144.87	\$118.01	\$278.61
Annual Wellness Visit - New	\$321.00	\$197.39	\$121.85	\$292.21
Annual Wellness Visit - Established	\$219.00	\$134.06	\$82.68	\$198.96
Screening Mammogram Bilateral - Digital	\$265.00	\$98.32	\$98.30	\$225.97
Pap Screening Thin Layer	\$159.00	\$64.47	\$22.71	\$54.66
Prostate Specific Antigen Test	\$129.00	\$35.96	\$25.01	\$40.22
Electrocardiogram (EKG) Testing/Tracing	\$37.50	\$19.13	\$5.88	\$20.74
Immunization Administration -Single	\$55.00	\$28.05	\$12.83	\$37.95
Basic Metabolic Panel Lab Test	\$123.00	\$62.73	\$9.40	\$43.46
Lipid Panel Lab Test	\$140.00	\$71.40	\$14.88	\$52.75
Hemoglobin A1c Lab Test	\$99.50	\$50.75	\$10.79	\$37.66
Thyroid Stimulating Hormone Test	\$134.00	\$68.34	\$18.67	\$53.97
Complete Blood Count with Auto Diff Lab Test	\$99.00	\$50.49	\$8.63	\$35.82
Complete Blood Count w/o Auto Diff Lab Test	\$78.50	\$40.04	\$7.18	\$28.94
Prothrombin Time Test	\$54.00	\$27.54	\$4.37	\$21.04

**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.

Medicare does not cover comprehensive preventive visits, although they do cover other services like an annual wellness visit, and consultations are reimbursed under different codes.

Depending on your health insurance, this hospital based clinic may charge a separate facility fee, which might result in higher out-of-pocket expense. For more information, please contact Michael Laughlin, Director, Managed Care Finance (218) 249-5118