3/1/2025



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	Billed Charge	Medicare Rate	Medical Assistance Rate	Average Commercial Rate (Allowed Amount)	
Outpatient office visit for new* p	atients, by lev	el of comple	exity		
LEVEL II	\$199.00	N/A	\$54.16	\$165.19	Ţ
LEVEL III	\$282.00	N/A	\$83.66	\$236.53	alu
LEVEL IV	\$431.00	N/A	\$125.11	\$308.35	ation a
LEVEL V	\$544.00	N/A	\$164.78	\$338.79	
Outpatient office visit for established* patients, by level of complexity					2
LEVEL I	\$61.00	N/A	\$17.80	\$50.89	lan
LEVEL II	\$123.00	N/A	\$42.72	\$69.66	Evaluation & Management
LEVEL III	\$200.00	N/A	\$68.66	\$159.08	
LEVEL IV	\$285.00	N/A	\$96.63	\$224.83	
LEVEL V	\$390.00	N/A	\$135.54	\$305.11	
Preventive medicine for new* patients, by age					
LESS THAN 1 YEAR	\$291.00	N/A	\$82.90	\$221.71	
1-4 YEARS	\$305.00	N/A	\$86.46	\$213.96	
5-11 YEARS	\$318.00	N/A	\$89.76	\$235.20	Prever
12-17 YEARS	\$360.00	N/A	\$100.44	\$270.84	
18-39 YEARS	\$350.00	N/A	\$97.65	\$295.74	ltiv
Preventive medicine for established* patients, by age					e S
LESS THAN 1 YEAR	\$263.00	N/A	\$74.25	\$196.41	Preventive Services
1-4 YEARS	\$280.00	N/A	\$78.83	\$209.59	
5-11 YEARS	\$279.00	N/A	\$78.83	\$208.58	
12-17 YEARS	\$307.00	N/A	\$85.95	\$226.51	
18-39 YEARS	\$314.00	N/A	\$88.24	\$232.42	
Other commo	on services				
Immunization Administration through 18 years	\$53.00	N/A	\$17.29	\$38.47	
Audio screening test, pure tone, air only	\$31.00	N/A	\$9.51	\$24.20	
Complex E/M Visit Add On Code	\$26.00	N/A	\$0.00	\$10.65	Other
ASQ Ages and Stages Screening	\$25.00	N/A	\$8.76	\$8.31	er
PHQ-9 or GAD-7 Screening	\$20.00	N/A	\$3.49	\$9.79	
Vision Screening	\$11.00	N/A	\$2.25	\$6.25	

*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.

These charges are meant to be informative and do not reflect the amount you may owe for you or your child's care. Individual health plans have negotiated rates with our clinic.