

Primary Care Price Transparency

PROCEDURE DESCRIPTION	CLINIC CHARGE	AVERAGE COMMERCIAL INSURANCE REIMBURSEMENT	MEDICARE REIMBURSEMENT	MEDICAL ASSISTANCE REIMBURSEMENT
New Patient - Level 1 Office or Other Outpt Visit For Eval & Mngt	\$96.08	\$89.79	\$45.64	\$35.15
New Patient - Level 2 Office or Other Outpt Visit For Eval & Mngt	\$160.13	\$148.27	\$76.10	\$58.86
New Patient - Level 3 Office or Other Outpt Visit For Eval & Mngt	\$227.16	\$208.59	\$107.29	\$82.86
New Patient - Level 4 Office or Other Outpt Visit For Eval & Mngt	\$344.84	\$318.40	\$162.82	\$125.82
New Patient - Level 5 Office or Other Outpt Visit For Eval & Mngt	\$433.47	\$396.66	\$204.48	\$158.19
Established Patient - Level 1 Office or Other Outpt Visit For Eval & Mngt	\$47.67	\$43.85	\$23.01	\$17.57
Established Patient - Level 2 Office or Other Outpt Visit For Eval & Mngt	\$94.59	\$87.71	\$45.15	\$34.87
Established Patient - Level 3 Office or Other Outpt Visit For Eval & Mngt	\$155.66	\$145.33	\$74.13	\$57.19
Established Patient - Level 4 Office or Other Outpt Visit For Eval & Mngt	\$227.90	\$213.83	\$108.56	\$83.97
Established Patient - Level 5 Office or Other Outpt Visit For Eval & Mngt	\$305.36	\$286.28	\$145.04	\$112.15
Healthy Exam under 1 year New Patient	\$233.12	\$229.08	xxx	\$85.93
Healthy Exam 18-39 years New Patient	\$277.06	\$255.77	\$171.64	\$102.11
Healthy Exam 40-64 years New Patient	\$321.75	\$308.19	\$171.64	\$118.57
Healthy Exam under 1 year	\$210.03	\$198.13	xxx	\$77.56
Healthy Exam 1-4 years	\$224.18	\$212.43	xxx	\$82.58
Healthy Exam 5-11 years	\$223.44	\$212.08	xxx	\$82.30
Healthy Exam 12-17 years	\$245.03	\$231.11	\$116.57	\$90.39
Healthy Exam 18-39 years	\$250.25	\$235.13	\$116.57	\$92.34
Established Patient - 40-64 years Periodic Preventive Med Re-Eval & Mngt	\$266.63	\$251.25	\$116.57	\$98.20
Healthy Exam over 65 years	\$286.74	\$277.99	\$116.57	\$105.74
Comprehensive Metabolic Panel	\$137.95	\$63.71	\$11.74	\$11.74
Lipid Panel	\$101.25	\$55.04	\$14.88	\$14.88
Urinalysis, By Dip Stick/Tablet For Bili, Gluc, Hgb, Ket, Leuk, Nit, Ph, Prot; Auto, W/Micro	\$44.20	\$21.57	\$3.52	\$3.52
Blood Count; Complete, Automated, & Automated Differential Wbc Count	\$87.80	\$42.60	\$8.63	\$8.63
Prothrombin Time	\$44.22	\$19.71	\$4.37	\$4.37

DISCLAIMERS:

- **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 this 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 contact (320) 231-5041 #2 or CarrisPatientBilling@carrishealth.com.