Price information in compliance with MN 62J.812

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	Provider charge	Medicare, allowable payment	Medicaid, allowable payment	Commercial, average reimbursement
Outpatient office visits for new* patients, by level of complexity				
LEVEL II	306	72	50	244
LEVEL III	432	111	76	347
LEVEL IV	660	166	114	530
LEVEL V	834	219	150	671
Outpatient office visits for established* patients, by level of complexity				
LEVEL I	141	23	16	74
LEVEL II	183	56	39	148
LEVEL III	301	91	62	244
LEVEL IV	437	129	89	353
LEVEL V	586	179	120	476
Periodic preventive medicine for new* patients, by age				
LESS THAN 1 YR	447	-	76	340
1-4 YRS	468	-	79	356
5-11 YRS	488	-	82	372
12-17 YRS	552	-	92	420
18-39 YRS	535	-	90	407
40-64 YRS	619	-	103	471
65 YRS AND OLDER	673	-	112	512
Periodic preventive medicine for established* patients, by age				
LESS THAN 1 YR	404	-	68	307
1-4 YRS	430	-	73	327
5-11 YRS	428	-	72	326
12-17 YRS	471	-	79	358
18-39 YRS	482	-	81	367
40-64 YRS	514	-	86	391
65 YRS AND OLDER	552	-	93	420
Common lab services				
Lipid panel	46	13	13	17
Comprehensive metabolic panel	37	11	11	14
Thyroid stimulating hormone test	57	17	17	22
Hemoglobin glycosylated A1C	34	10	10	13
Strep test (Group A)	42	17	17	20

^{*}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.

This list of charges is meant to be informative and does not reflect the amount that you may owe for your care. Individual health plans have negotiated rates with Fairview Range Medical Center, part of Fairview Health Services. To get an accurate estimate of the payment rate our system will receive related to your care, and/or an estimate of what you may need to pay out of pocket, please contact us at **218-362-6624** or **1-877-390-6624**.