

## **Top 25 Clinic services over \$25**

**ATTENTION: The amounts posted below 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.**

Description	Clinic Charge	Average Commercial Ins Payment	Medicare Reimbursement	Medical Assistance Reimbursement
Office Visit New Patient Level 1	\$96.50	\$76.58	\$37.64	\$35.15
Office Visit New Patient Level 2	\$156.00	\$88.66	\$60.84	\$58.86
Office Visit New Patient Level 3	\$227.00	\$189.09	\$88.53	\$82.86
Office Visit New Patient Level 4	\$317.00	\$285.29	\$123.63	\$125.82
Office Visit New Patient Level 5	\$384.00	\$355.56	\$149.76	\$158.19
Office Visit Estab Patient Level 1	\$50.00	\$37.82	\$19.50	\$18.80
Office Visit Estab Patient Level 2	\$90.00	\$76.88	\$35.10	\$34.87
Office Visit Estab Patient Level 3	\$150.00	\$127.71	\$58.50	\$60.38
Office Visit Estab Patient Level 4	\$210.00	\$188.47	\$81.90	\$89.10
Office Visit Estab Patient Level 5	\$270.00	\$249.20	\$105.30	\$120.04
Preventative Visit New Patient Age <1 Year	\$250.00	\$194.04	\$97.50	\$85.93
Preventative Visit New Patient Age 1-4	\$260.00	\$202.73	\$101.40	\$90.11
Preventative Visit New Patient Age 5-11	\$275.00	\$210.78	\$107.25	\$93.74
Preventative Visit New Patient Age 18-39	\$300.00	\$226.10	\$117.00	\$102.11
Preventative Visit New Patient Age 40-64	\$345.00	\$267.82	\$134.55	\$118.57
Preventative Visit New Patient Age 65+	\$375.00	\$284.45	\$146.25	\$128.34
Preventative Visit Estab Patient Age <1 Year	\$225.00	\$181.03	\$87.75	\$83.05
Preventative Visit Estab Patient Age 1-4	\$240.00	\$182.34	\$93.60	\$82.58
Preventative Visit Estab Patient Age 18-39	\$275.00	\$207.68	\$107.25	\$92.34
Preventative Visit Estab Patient Age 40-64	\$285.00	\$221.32	\$111.15	\$98.20
Immunization Admin through 18 Years	\$38.00	\$34.20	\$14.82	\$12.83
Immunization Administration	\$50.00	\$35.96	\$19.50	\$12.83
Screening Test, Pure Tone	\$48.00	\$21.27	\$18.72	\$8.19
Electrocardiogram, Interp & Report	\$55.50	\$14.88	\$21.65	\$5.88
Therapeutic Proph Injection Subq/IM	\$62.50	\$35.25	\$24.38	\$11.77

**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.**

**Most Commercial health insurances and Medicare Advantage plans negotiate a discount or contracted rate for each service. Your health insurance negotiated price might be higher or lower than the average insurance payment. Medicare and Medical Assistance rates are set by those payers and do not reflect the amount you owe.**

**For more information please contact the Financial Counselor 218-878-7069. Email [CHofman@cloquethospital.com](mailto:CHofman@cloquethospital.com)**