



ATTENTION: The amounts posted here 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. For more information, please contact our Patient Financial Services staff at 218.736.8000

Top 10 Family Medicine Preventive Services				
Description	Clinic Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Insurance Payment
Preventive Exam 40-64 Years, Established Patient	\$ 321.00	\$ -	\$ 66.46	\$ 239.38
Vaccine - Injection, Intramuscular, Single	\$ 70.00	\$ 67.87	\$ 14.88	\$ 37.63
Preventive Exam 18-39 Years, Established Patient	\$ 300.00	\$ -	\$ 61.25	\$ 224.34
Preventive Exam 65+ Years, Established Patient	\$ 346.00	\$ -	\$ 69.93	\$ 256.53
Vaccine - Injection, Intramuscular, Additional	\$ 31.00	\$ -	\$ 10.41	\$ 23.33
Vaccine - Influenza Vaccine	\$ 30.00	\$ 21.52	\$ 21.51	\$ 21.66
Vaccine - Influenza Vaccine High Dose	\$ 62.00	\$ 69.64	\$ 69.94	\$ 56.68
Preventive Exam <1 Year, Established Patient	\$ 253.00	\$ -	\$ 47.86	\$ 186.64
Preventive Exam 1-4 Years, Established Patient	\$ 270.00	\$ -	\$ 52.57	\$ 199.96
TDAP VACCINE 7 YRS/> IM	\$ 118.12	\$ -	\$ 37.49	\$ 57.85

Top 10 Internal Medicine Preventive Services				
Description	Clinic Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Insurance Payment
Preventive Exam 40-64 Years, Established Patient	\$ 321.00	\$ -	\$ 66.46	\$ 239.38
Vaccine - Influenza Vaccine Medicare	\$ 70.00	\$ 42.62	\$ 14.88	\$ 30.32
Vaccine - Influenza Vaccine High Dose	\$ 62.00	\$ 69.64	\$ 69.94	\$ 56.68
Vaccine - Injection, Intramuscular, Single	\$ 70.00	\$ 67.87	\$ 14.88	\$ 37.63
Preventive Exam 65+ Years, Established Patient	\$ 346.00	\$ -	\$ 69.93	\$ 256.53
Vaccine - Influenza Vaccine	\$ 30.00	\$ 21.52	\$ 21.51	\$ 21.66
Vaccine - Pneumovax Administration	\$ 70.00	\$ 42.62	\$ 14.88	\$ 30.32
Vaccine - Pneumovax Vaccine	\$ 226.12	\$ 133.47	\$ 133.47	\$ 143.64
Preventive Exam 46-64 Years, New Patient	\$ 364.00	\$ -	\$ 61.59	\$ 289.27
Preventive Exam 18-39 Years, Established Patient	\$ 300.00	\$ -	\$ 61.25	\$ 224.34

Top 25 Family Medicine Procedures				
Description	Clinic Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Insurance Payment
Office Visit - Facility Fee	\$ 176.00	\$ 121.58	\$ 120.86	\$ 159.40
Office Visit - Level 3, Established Patient	\$ 254.00	\$ 185.73	\$ 169.53	\$ 176.57
Lab - Venipuncture	\$ 28.85	\$ 8.86	\$ 8.57	\$ 23.50
Office Visit - Level 4, Established Patient	\$ 318.00	\$ 216.51	\$ 190.30	\$ 246.42
Lab - Complete Blood Count	\$ 94.00	\$ 8.03	\$ 7.77	\$ 73.50
Lab - Comprehensive Metabolic Panel	\$ 194.00	\$ 10.91	\$ 10.56	\$ 143.22
SCREEN CERV/VAG THIN LAYER	\$ 163.00	\$ 20.94	\$ 20.26	\$ 45.81
Lab - Lipid Panel	\$ 147.00	\$ 13.84	\$ 13.39	\$ 112.43
Lab - Thyroid Stimulating Hormone	\$ 164.00	\$ 17.36	\$ 16.80	\$ 122.78
Radiology - Chest X-ray, 2 Views	\$ 482.00	\$ 97.73	\$ 111.91	\$ 353.62
Injection - Intramuscular or Subcutaneous	\$ 83.00	\$ 67.87	\$ 10.16	\$ 39.09
Office Visit - Level 2, New Patient	\$ 254.00	\$ 168.14	\$ 154.83	\$ 159.10
COVID-19 AMP PRB HIGH THRUPT	\$ 173.00	\$ 77.50	\$ 75.00	\$ 106.28
SMR PRIM SRC MET MOUNT NCT AGT	\$ 47.00	\$ 6.01	\$ 5.82	\$ 38.62
Lab - Basic Metabolic Panel	\$ 122.00	\$ 8.74	\$ 8.46	\$ 96.06
Lab - Hemoglobin A1C	\$ 88.00	\$ 10.03	\$ 9.71	\$ 70.36
Office Visit - Level 2, Established Patient	\$ 212.00	\$ 155.98	\$ 145.90	\$ 116.49
Lab - Influenza A/B	\$ 185.00	\$ 19.95	\$ 19.31	\$ 56.82
Lab - Microorganism	\$ 104.00	\$ 8.35	\$ 8.08	\$ 79.58
Lab - Susceptibility Study, Antimicrobial Agent	\$ 80.00	\$ 8.94	\$ 8.65	\$ 63.86
Lab - Vitamin D	\$ 82.00	\$ 30.59	\$ 29.60	\$ 67.38
Lab - Urinalysis Dipstick	\$ 28.00	\$ 2.33	\$ 2.25	\$ 23.01
EKG - Professional Interpretation and Report Only	\$ 107.90	\$ 7.94	\$ 5.70	\$ 16.44
Lab - Vitamin B12	\$ 199.00	\$ 15.58	\$ 15.08	\$ 145.71
EKG - Electrocardiogram, 12 Leads, Tracing Only	\$ 308.00	\$ 64.15	\$ 4.46	\$ 58.85

Top 25 Internal Medicine Procedures				
Description	Clinic Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Insurance Payment
Office Visit - Facility Fee	\$ 176.00	\$ 121.58	\$ 120.86	\$ 159.40
Office Visit - Level 4, Established Patient	\$ 318.00	\$ 216.51	\$ 190.30	\$ 246.42
Office Visit - Level 3, Established Patient	\$ 254.00	\$ 185.73	\$ 169.53	\$ 176.57
Lab - Venipuncture	\$ 28.85	\$ 8.86	\$ 8.57	\$ 23.50
Lab - Complete Blood Count	\$ 94.00	\$ 8.03	\$ 7.77	\$ 73.50
Lab - Comprehensive Metabolic Panel	\$ 194.00	\$ 10.91	\$ 10.56	\$ 143.22
Lab - Basic Metabolic Panel	\$ 122.00	\$ 8.74	\$ 8.46	\$ 96.06
Lab - Thyroid Stimulating Hormone	\$ 164.00	\$ 17.36	\$ 16.80	\$ 122.78
Lab - Lipid Panel	\$ 147.00	\$ 13.84	\$ 13.39	\$ 112.43
Office Visit - Level 5, Established Patient	\$ 374.00	\$ 261.51	\$ 232.78	\$ 325.51
Lab - Hemoglobin A1C	\$ 88.00	\$ 10.03	\$ 9.71	\$ 70.36
EKG - Professional Interpretation and Report Only	\$ 107.90	\$ 7.94	\$ 5.70	\$ 16.44
Office Visit - Transitional Care Management, Moderate	\$ 401.55	\$ 258.18	\$ 230.80	\$ 369.94
EKG - Electrocardiogram, 12 Leads, Tracing Only	\$ 308.00	\$ 64.15	\$ 4.46	\$ 58.85
Radiology - Chest X-ray, 2 Views	\$ 482.00	\$ 97.73	\$ 111.91	\$ 353.62
Cardiology - Dual Lead Threshold	\$ 223.00	\$ 71.88	\$ 59.00	\$ 161.92
Cardiology - Remote Interrogation, Pacemaker/ICD Tech	\$ 212.00	\$ 35.21	\$ 36.20	\$ 73.95
Cardiology - Remote Interrogation, Pacemaker/ICD PRO	\$ 88.62	\$ 29.03	\$ 21.07	\$ 60.08
Lab - Prothrombin Time	\$ 38.00	\$ 4.43	\$ 4.29	\$ 31.22
Cardiology - Mobile Cardiac Telemetry	\$ 64.68	\$ 24.65	\$ 17.84	\$ 51.37
DRUG TST PRSVM READ INSTRMNT ASSTD DIR O	\$ 134.00	\$ 17.71	\$ 12.14	\$ 100.49
Office Visit - Destruction of Pre-Malignant Lesion, 1st	\$ 317.05	\$ 236.14	\$ 220.24	\$ 167.35
Office Visit - Smoke/Tobacco Cessation Counseling	\$ 69.40	\$ 41.32	\$ 37.86	\$ 34.06
Lab - Sedimentation Rate, Erythrocyte	\$ 82.00	\$ 4.41	\$ 4.27	\$ 65.64
Office Visit - Level 4, New Patient	\$ 416.00	\$ 250.56	\$ 215.10	\$ 335.12

Top 10 OB-GYN Preventive Services				
Description	Clinic Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Insurance Payment
Preventive Exam 40-64 Years, Established Patient	\$ 321.00	\$ -	\$ 66.46	\$ 239.38
Preventive Exam 18-39 Years, Established Patient	\$ 300.00	\$ -	\$ 61.25	\$ 224.34
Vaccine - Injection, Intramuscular, Single	\$ 70.00	\$ 67.87	\$ 14.88	\$ 37.63
Lab - Thin Prep Pap Test	\$ 163.00	\$ 20.94	\$ 20.26	\$ 45.81
Office Visit - Pap Smear	\$ 117.00	\$ 17.89	\$ 17.31	\$ 33.37
Vaccine - Tetanus Diphtheria Pertussis Vaccine	\$ 118.12	\$ -	\$ 37.49	\$ 57.85
Preventive Exam 65+ Years, Established Patient	\$ 346.00	\$ -	\$ 69.93	\$ 256.53
Vaccine - Injection, Intramuscular, Additional	\$ 31.00	\$ -	\$ 10.41	\$ 23.33
HRV ZOSTER VACC RECOMBINANT ADJUVANTED I	\$ 332.48	\$ -	\$ 183.41	\$ 197.40
Vaccine - Influenza Vaccine	\$ 30.00	\$ 21.52	\$ 21.51	\$ 21.66

Top 10 Pediatric Preventive Services				
Description	Clinic Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Insurance Payment
Preventive Exam 3-4 Years, Established Patient	\$ 270.00	\$ -	\$ 52.57	\$ 199.96
Vaccine - Injection, Intramuscular, Additional	\$ 31.00	\$ -	\$ 10.41	\$ 23.33
Preventive Exam <1 Year, Established Patient	\$ 253.00	\$ -	\$ 47.86	\$ 186.64
Vaccine - Injection, Intramuscular, Single	\$ 70.00	\$ 67.87	\$ 14.88	\$ 37.63
Preventive Exam 5-11 Years, Established Patient	\$ 268.50	\$ -	\$ 52.57	\$ 199.40
Preventive Exam - Well Child and Teen	\$ 171.95	\$ -	\$ -	\$ 20.00
Preventive Exam 12-17 Years, Established Patient	\$ 294.00	\$ -	\$ 59.52	\$ 219.86
Office Visit - Hearing Screen >3 Years	\$ 72.90	\$ -	\$ 8.67	\$ 28.29
Vaccine - Hepatitis A	\$ 108.55	\$ -	\$ 52.22	\$ -
Vaccine - Haemophilus	\$ 81.33	\$ -	\$ 12.45	\$ 29.91

Top 25 OB-GYN Procedures				
Description	Clinic Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Insurance Payment
Office Visit - Facility Fee	\$ 176.00	\$ 121.58	\$ 120.86	\$ 159.40
Office Visit - Level 3, Established Patient	\$ 254.00	\$ 185.73	\$ 169.53	\$ 176.57
Lab - Venipuncture	\$ 28.85	\$ 8.86	\$ 8.57	\$ 23.50
Office Visit - Level 2, Established Patient	\$ 212.00	\$ 155.98	\$ 145.90	\$ 116.49
Lab - Gross and Microscopic Examination	\$ 556.50	\$ 87.02	\$ 70.49	\$ 300.57
Office Visit - Level 4, Established Patient	\$ 318.00	\$ 216.51	\$ 190.30	\$ 246.42
Lab - Complete Blood Count	\$ 94.00	\$ 8.03	\$ 7.77	\$ 73.50
Injection - Intramuscular or Subcutaneous	\$ 83.00	\$ 67.87	\$ 10.16	\$ 39.09
Ultrasound - Transvaginal	\$ 847.35	\$ 143.05	\$ 176.07	\$ 526.87
Lab - Thyroid Stimulating Hormone	\$ 164.00	\$ 17.36	\$ 16.80	\$ 122.78
Lab - Syphilis Test	\$ 69.00	\$ 4.41	\$ 4.27	\$ 56.03
OFFICE/OUTPATIENT NEW SF MDM 15-29 MINUT	\$ 254.00	\$ 168.14	\$ 154.83	\$ 159.10
Lab - Hemoglobin	\$ 78.00	\$ 2.45	\$ 2.37	\$ 63.02
Lab - Chlamydia Test	\$ 121.00	\$ 36.26	\$ 35.09	\$ 96.79
BLOOD TYPING SEROLOGIC ABO	\$ 76.00	\$ 3.09	\$ 2.99	\$ 62.45
Office Visit - Endometrium Biopsy	\$ 418.00	\$ 238.87	\$ 221.76	\$ 231.91
COVID-19 AMP PRB HIGH THRUPT	\$ 173.00	\$ 77.50	\$ 75.00	\$ 106.28
INSERTION INTRAUTERINE DEVICE IUD	\$ 411.00	\$ -	\$ 35.69	\$ 208.94
INSI NON-BIODEGRADABLE DRUG DELIVERY IMP	\$ 358.95	\$ 175.60	\$ 158.99	\$ 237.34
Lab - Antibody Screen	\$ 138.00	\$ 50.44	\$ 9.77	\$ 108.86
Lab - Obstetrics Glucose Challenge	\$ 43.00	\$ 4.91	\$ 4.75	\$ 34.35
REMOVAL INTRAUTERINE DEVICE IUD	\$ 424.00	\$ 356.21	\$ 337.57	\$ 228.23
Office Visit - Level 2, New Patient	\$ 290.00	\$ 201.16	\$ 178.89	\$ 224.09
URLNLS DIP STICK/TABLET RIGNT AUTO W/D MIC	\$ 28.00	\$ 2.33	\$ 2.25	\$ 23.01
Lab - RH Factor	\$ 76.00	\$ 34.16	\$ 2.99	\$ 62.45

Top 25 Pediatric Procedures				
Description	Clinic Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Insurance Payment
Office Visit - Facility Fee	\$ 176.00	\$ 121.58	\$ 120.86	\$ 159.40
Office Visit - Level 3, Established Patient	\$ 254.00	\$ 185.73	\$ 169.53	\$ 176.57
Lab - Rapid Strep	\$ 114.00	\$ 36.26	\$ 35.09	\$ 92.21
Lab - Venipuncture	\$ 28.85	\$ 8.86	\$ 8.57	\$ 23.50
Office Visit - Level 4, Established Patient	\$ 318.00	\$ 216.51	\$ 190.30	\$ 246.42
Lab - Complete Blood Count	\$ 94.00	\$ 8.03	\$ 7.77	\$ 73.50
9/HPV VACC 2/3 DOSE SCHED IM USE	\$ 410.66	\$ -	\$ 268.77	\$ 282.20
Vaccine - Pneumococcal 13	\$ 381.83	\$ 257.99	\$ 257.98	\$ 265.34
Lab - Lead, Blood Pediatric	\$ 61.00	\$ 12.51	\$ 12.11	\$ 47.99
Lab - Hemoglobin	\$ 78.00	\$ 2.45	\$ 2.37	\$ 63.02
Vaccine - Influenza Vaccine	\$ 30.00	\$ 21.52	\$ 21.51	\$ 21.66
Lab - Capillary Blood Stick	\$ 32.00	\$ -	\$ -	\$ 25.60
TDAP VACCINE 7 YRS/> IM	\$ 118.12	\$ -	\$ 37.49	\$ 57.85
ADANA NOS AMPLIFIED PROBE TQ EACH ORGANI	\$ 143.00	\$ 36.26	\$ 35.09	\$ 111.20
Office Visit - Level 2, Established Patient	\$ 212.00	\$ 155.98	\$ 145.90	\$ 116.49
Vaccine - Hepatitis B, Diphtheria, Tetanus, Pertussis, Polio	\$ 158.36	\$ -	\$ -	\$ 104.68
Vaccine - Nasal/Oral Vaccine	\$ 31.00	\$ -	\$ 8.43	\$ 23.33
Office Visit - Apply Topical Fluoride Varnish	\$ 47.45	\$ -	\$ 14.00	\$ 28.41
Vaccine - Rotavirus, Oral	\$ 188.78	\$ -	\$ -	\$ 113.17
INITIAL PREVENTIVE MEDICINE NEW PT AGE 3	\$ 316.00	\$ -	\$ 69.93	\$ 256.38
Vaccine - Meningococcal	\$ 279.34	\$ -	\$ 148.49	\$ 161.27
Preventive Exam 5-11 Years, New Patient	\$ 296.50	\$ -	\$ 59.52	\$ 226.25
Vaccine - Measles, Mumps, Rubella, Varicella	\$ 419.38	\$ 160.00	\$ -	\$ 261.72
DESTRUCTION BENIGN LESIONS UP TO 14	\$ 324.40	\$ 248.63	\$ 229.41	\$ 242.23
DTAP-IPV VACCINE CHILD <6 YRS FOR IM US	\$ 141.13	\$ -	\$ -	\$ 75.55