

# PRIMARY CARE PRICE TRANSPARENCY

Effective July 1, 2019

Description	Billed Charge	Average Commercial Insurance Allowed	Medicare	Medical Assistance
<b>Evaluation &amp; Management</b>				
Office Visit, Established patient, Level 2	\$90.00	\$74.06	\$45.15	\$34.87
Office Visit, Established patient, Level 3	\$150.00	\$123.10	\$74.13	\$57.19
Office Visit, Established patient, Level 4	\$221.00	\$181.75	\$108.56	\$83.97
Office Visit, Established patient, Level 5	\$299.00	\$244.59	\$145.04	\$112.15
Office Visit, New patient, Level 1	\$92.00	\$75.26	\$45.64	\$35.15
Office Visit, New patient, Level 2	\$154.00	\$126.50	\$76.10	\$58.86
Office Visit, New patient, Level 3	\$222.00	\$181.54	\$107.29	\$82.86
Office Visit, New patient, Level 4	\$339.00	\$276.80	\$162.82	\$125.82
Office Visit, New patient, Level 5	\$426.00	\$348.06	\$204.48	\$158.19
<b>Preventive Services</b>				
Preventive Visit, New patient, Infant	\$228.00	\$187.16	-	\$85.93
Preventive Visit, New patient, Age 1-4	\$238.00	\$195.57	-	\$90.11
Preventive Visit, New patient, Age 5-11	\$248.00	\$203.37	-	\$93.74
Preventive Visit, New patient, Age 12-17	\$250.00	\$229.38	-	\$105.74
Preventive Visit, New patient, Age 18-39	\$271.00	\$222.39	-	\$102.11
Preventive Visit, New patient, Age 40-64	\$315.00	\$258.01	-	\$118.57
Preventive Visit, New patient, Age 65 & Over	\$341.00	\$279.42	-	\$128.34
Preventive Visit, Established patient, Infant	\$205.00	\$167.94	-	\$77.56
Preventive Visit, Established patient, Age 1-4	\$218.00	\$179.35	-	\$82.58
Preventive Visit, Established patient, Age 5-11	\$218.00	\$178.75	-	\$82.30
Preventive Visit, Established patient, Age 12-17	\$239.00	\$196.16	-	\$90.39
Preventive Visit, Established patient, Age 18-39	\$244.00	\$200.37	-	\$92.34
Preventive Visit, Established patient, Age 40-64	\$260.00	\$213.38	-	\$98.20
Preventive Visit, Established patient, Age 65 & Over	\$280.00	\$229.99	-	\$105.74
<b>Other</b>				
Basic Metabolic Panel	\$41.00	\$12.41	\$9.40	\$9.40
Lipid Panel	\$40.00	\$19.65	\$14.88	\$14.88
Glycated Hemoglobin Test	\$28.00	\$14.32	\$10.79	\$10.79
Assay Thyroid Stimulating Hormone	\$56.00	\$24.72	\$18.67	\$18.67
Complete CBC and Auto Diff WBC	\$26.00	\$11.40	\$8.63	\$8.63

Minnesota Statute 62J.812 requires our clinic to disclose provider charges for our 25 most frequent services that cost more than \$25, and the average payments or reimbursements received for those services from government and commercial insurance. Please note that this is not a comprehensive list of services that Stellis Health provides.

This list of charges is meant to be informative and does not reflect the amount that you may owe for your care. Your actual cost may be higher or lower depending on many factors, including, but not limited to, your provider's treatment plan, actual services rendered, complications, and the details of your insurance coverage, if any. For specific information about the amount you will owe for the services you receive, please contact your health insurance provider.

