Primary Care Price Transparency

	Procedure Description	Clinic Charge	Average Commercial Insurance Payment	Medicare Reimbursement	Medical Assistance Reimbursement
1	Office Outpatient New Level 2	$189.87	$85.34	$77.38	$54.35
2	Office Outpatient New Level 3	$291.51	$131.02	$128.15	$83.05
3	Office Outpatient New Level 4	$439.48	$197.53	$203.02	$124.46
4	Office Outpatient New Level 5	$580.31	$260.83	$272.91	$163.83
5	Office Outpatient Established Level 1	$60.60	$27.24	$18.84	$17.78
6	Office Outpatient Established Level 2	$148.86	$66.91	$59.29	$42.67
7	Office Outpatient Established Level 3	$238.89	$107.37	$104.62	$68.32
8	Office Outpatient Established Level 4	$339.63	$152.65	$151.30	$96.26
9	Office Outpatient Established Level 5	$475.12	$213.55	$219.98	$135.12
10	Chronic Care Management Service	$121.64	$54.67	$76.23	--
11	Preventive Visit Established Infant < 1 YR	$285.16	$128.17	Not covered by Medicare	$74.16
12	Preventive Visit Established AGE 1-4	$304.59	$136.90	Not covered by Medicare	$78.74
13	Preventive Visit Established AGE 18-39	$340.38	$152.99	Not covered by Medicare	$87.63
14	Preventive Visit Established AGE 40-64	$362.86	$163.09	Not covered by Medicare	$92.96
15	Preventive Visit Established AGE 65+	$390.46	$175.50	Not covered by Medicare	$100.33
16	Completed Early and Periodic Screening, Diagnosis & Treatment Service	$119.14	$53.55	Not covered by Medicare	--
17	Pure Tone Screening Hearing Test Air	$34.75	$15.62	Not covered by Medicare	$9.42
18	Developmental Screen with Scoring	$27.58	$12.40	Not covered by Medicare	$8.67
19	Flu Vaccine and Administration	$50.00	$22.47	$22.50	$38.09
20	Pneumococcal Vaccine and Adminstration	$446.12	$200.52	$200.75	$313.77
21	Basic Metabolic Panel Lab Test	$99.97	$44.93	$44.99	$8.46
22	Blood Count Complete with Differential Lab Test	$91.88	$41.30	$41.35	$7.77
23	Hemoglobin A1C Lab Test	$114.78	$51.59	$51.65	$9.71
24	Lipid Panel Lab Test	$158.30	$71.15	$71.24	$13.39
25	Quantitative or Semi-Quanitative In Vitro Allergen Testing	$61.70	$27.73	$27.77	$5.22

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 service 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 the services provided at this clinic.

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.

This hospital-based clinic charges a facility fee which is included in the prices listed above.

For more information, please call 320-864-7780.

Posted in accordance with State of Minnesota Statutes, chapter 62J section 1. 62J.824 and section 2. 62J.812. *Apr. 2025*

Glencoe REGIONAL HEALTH