**MHS Price Transparency Notice**

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|  | MHS | | Medicare | Medical Assistance | Average Commercial |
| Procedure Description | Charge | | Reimburse | Allowable | Allowable |
|  |  | |  |  |  |
| IMMUNIZATION ADMIN; 1 VACCINE (SINGLE OR COMBO VAC/TOXIOD) | | $40.00 | $201.85\* | $369.65\* | $32.16 |
| COLLECTION OF VENOUS BLOOD VIA VENIPUNTURE | | $34.00 | $16.33 | $15.63 | $31.89 |
| URINALYSIS, BY DIP STICK WITH MICROSCOPY | | $92.00 | $44.18 | $42.29 | $83.66 |
| BASIC METABOLIC PANEL (CALCIUM, TOTAL) | | $179.00 | $83.34 | $82.34 | $173.01 |
| COMPREHENSIVE METABOLIC PANEL | | $265.00 | $123.36 | $121.61 | $218.53 |
| NEW PATIENT – LEVEL 2 OFFICE | | $180.00 | $201.85\* | $369.65\* | $155.51 |
| NEW PATIENT – LEVEL 3 OFFICE | | $295.00 | $201.85\* | $369.65\* | $239.35 |
| NEW PATIENT – LEVEL 4 OFFICE | | $410.00 | $201.85\* | $369.65\* | $335.81 |
| NEW PATIENT – LEVEL 5 OFFICE | | $525.00 | $201.85\* | $369.65\* | N/A |
| ESTABLISHED PATIENT – LEVEL 1 OFFICE | | $75.00 | $201.85\* | $369.65\* | $61.85 |
| ESTABLISHED PATIENT – LEVEL 2 OFFICE | | $155.00 | $201.85\* | $369.65\* | $127.82 |
| ESTABLISHED PATIENT – LEVEL 3 OFFICE | | $205.00 | $201.85\* | $369.65\* | $161.74 |
| ESTABLISHED PATIENT – LEVEL 4 OFFICE | | $280.00 | $201.85\* | $369.65\* | $222.90 |
| ESTABLISHED PATIENT – LEVEL 5 OFFICE | | $380.00 | $201.85\* | $369.65\* | $283.45 |
| NEW PATIENT - INFANT INITIAL PREVENTIVE | | $214.00 | N/A | $369.65\* | $176.47 |
| NEW PATIENT - 1-4 YRS INITIAL PREVENTIVE | | $230.00 | N/A | $369.65\* | $189.67 |
| NEW PATIENT - 40-64 YRS INITIAL PREVENTIVE | | $321.00 | N/A | $369.65\* | $244.71 |
| ESTABLISHED PATIENT - INFANT INITIAL PREVENTIVE | | $184.00 | N/A | $369.65\* | $151.73 |
| ESTABLISHED PATIENT - 1-4 YRS INITIAL PREVENTIVE | | $194.00 | N/A | $369.65\* | $159.98 |
| ESTABLISHED PATIENT - 5-11 YRS INITIAL PREVENTIVE | | $199.00 | N/A | $369.65\* | $164.10 |
| ESTABLISHED PATIENT - 12-17 YRS INITIAL PREVENTIVE | | $214.00 | N/A | $369.65\* | $176.47 |
| ESTABLISHED PATIENT - 18-39 YRS INITIAL PREVENTIVE | | $245.00 | N/A | $369.65\* | $202.06 |
| ESTABLISHED PATIENT - 40-64 YRS INITIAL PREVENTIVE | | $260.00 | N/A | $369.65\* | $214.41 |
| ESTABLISHED PATIENT - 65+ YRS INITIAL PREVENTIVE/ANNUAL WELLNESS | | $275.00 | $252.31 | $369.65\* | N/A |
| APPLICATION OF TOPICAL FLOURIDE | | $31.00 | N/A | N/A | $25.56 |
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**Current as of July 1, 2023**

**\*All-Inclusive rate for all services rendered by MHS per day. This hospital-based clinic may also charge a separate facility fee.**