**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.**