

MHS Price Transparency Notice

Current as of July 1, 2024

Procedure Description	MHS Charge	Medicare Reimburse	Medical Assistance Allowable	Average Commercial Allowable
IMMUNIZATION ADMIN; 1 VACCINE (SINGLE OR COMBO VAC/TOXIOD)	\$40.00	\$315.23*	\$387.78*	\$29.92
COLLECTION OF VENOUS BLOOD VIA VENIPUNCTURE	\$34.00	\$17.66	\$16.31	\$28.09
URINALYSIS, BY DIP STICK WITH MICROSCOPY	\$92.00	\$47.78	\$44.12	\$80.11
BASIC METABOLIC PANEL (CALCIUM, TOTAL)	\$179.00	\$92.97	\$85.85	\$151.03
COMPREHENSIVE METABOLIC PANEL	\$265.00	\$137.64	\$127.09	\$235.16
NEW PATIENT – LEVEL 2 OFFICE	\$180.00	\$315.23*	\$387.78*	\$128.10
NEW PATIENT – LEVEL 3 OFFICE	\$295.00	\$315.23*	\$387.78*	\$219.19
NEW PATIENT – LEVEL 4 OFFICE	\$410.00	\$315.23*	\$387.78*	\$289.64
NEW PATIENT – LEVEL 5 OFFICE	\$525.00	\$315.23*	\$387.78*	N/A
ESTABLISHED PATIENT – LEVEL 1 OFFICE	\$75.00	\$315.23*	\$387.78*	\$50.76
ESTABLISHED PATIENT – LEVEL 2 OFFICE	\$155.00	\$315.23*	\$387.78*	\$105.82
ESTABLISHED PATIENT – LEVEL 3 OFFICE	\$205.00	\$315.23*	\$387.78*	\$138.95
ESTABLISHED PATIENT – LEVEL 4 OFFICE	\$280.00	\$315.23*	\$387.78*	\$186.67
ESTABLISHED PATIENT – LEVEL 5 OFFICE	\$380.00	\$315.23*	\$387.78*	\$270.45
NEW PATIENT - INFANT INITIAL PREVENTIVE	\$246.10	N/A	\$387.78*	\$168.12
NEW PATIENT - 1-4 YRS INITIAL PREVENTIVE	\$254.51	N/A	\$387.78*	\$173.96
NEW PATIENT - 40-64 YRS INITIAL PREVENTIVE	\$321.00	N/A	\$387.78*	\$224.28
ESTABLISHED PATIENT - INFANT INITIAL PREVENTIVE	\$211.60	N/A	\$387.78*	\$175.74
ESTABLISHED PATIENT - 1-4 YRS INITIAL PREVENTIVE	\$223.10	N/A	\$387.78*	\$194.59
ESTABLISHED PATIENT - 5-11 YRS INITIAL PREVENTIVE	\$228.85	N/A	\$387.78*	\$199.66
ESTABLISHED PATIENT - 12-17 YRS INITIAL PREVENTIVE	\$246.10	N/A	\$387.78*	\$209.90
ESTABLISHED PATIENT - 18-39 YRS INITIAL PREVENTIVE	\$254.89	N/A	\$387.78*	\$203.46
ESTABLISHED PATIENT - 40-64 YRS INITIAL PREVENTIVE	\$271.76	N/A	\$387.78*	\$230.21
ESTABLISHED PATIENT - 65+ YRS INITIAL PREVENTIVE/ANNUAL WELLNESS	\$308.00	N/A	\$387.78*	N/A
APPLICATION OF TOPICAL FLOURIDE	\$31.00	N/A	N/A	\$23.92

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

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 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 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 the MHS Business Office – Braden Thompson at 320-598-7551 ex. 7181 or bthompson@mlhmn.org