

# CentraCare – Paynesville Clinic Primary Care Price Transparency

| Procedure Description   | Clinic Charge | Average Commercial Insurance Reimbursement | Medicare Reimbursement | Medical Assistance Reimbursement |
|---|---------------|--|------------------------|----------------------------------|
| New patient office outpatient visit, level 2  | \$201.25      | \$190.96                                   | \$203.31               | \$247.28                         |
| New patient office outpatient visit, level 3  | \$309.50      | \$291.71                                   | \$203.31               | \$247.28                         |
| New patient office outpatient visit, level 4  | \$462.00      | \$436.35                                   | \$203.31               | \$247.28                         |
| New patient office outpatient visit, level 5  | \$610.00      | \$574.09                                   | \$203.31               | \$247.28                         |
| Established patient office outpatient visit, level 1  | \$65.00       | \$60.25                                    | \$203.31               | \$247.28                         |
| Established patient office outpatient visit, level 2  | \$154.75      | \$145.16                                   | \$203.31               | \$247.28                         |
| Established patient office outpatient visit, level 3  | \$251.50      | \$235.72                                   | \$203.31               | \$247.28                         |
| Established patient office outpatient visit, level 4  | \$356.75      | \$334.37                                   | \$203.31               | \$247.28                         |
| Established patient office outpatient visit, level 5  | \$498.25      | \$465.60                                   | \$203.31               | \$247.28                         |
| Annual wellness visit; includes a personalized prevention plan or service, initial visit    | \$460.25      | \$348.08                                   | \$203.31               | \$247.28                         |
| Annual wellness visit; includes a personalized prevention plan or service, subsequent visit | \$363.50      | \$271.23                                   | \$203.31               | \$247.28                         |
| New patient periodic preventive medicine evaluation, 18-39 years                            | \$361.50      | \$342.78                                   | N/A                    | \$247.28                         |
| New patient periodic preventive medicine evaluation, 40-64 years                            | \$418.50      | \$396.47                                   | N/A                    | \$247.28                         |
| Established patient periodic preventive medicine examination, younger than 1 year           | \$274.25      | \$260.27                                   | N/A                    | \$247.28                         |
| Established patient periodic preventive medicine examination, 1-4 years                     | \$293.25      | \$277.86                                   | N/A                    | \$247.28                         |
| Established patient periodic preventive medicine examination, 5-11 years                    | \$292.25      | \$276.95                                   | N/A                    | \$247.28                         |
| Established patient periodic preventive medicine examination, 12-17 years                   | \$319.75      | \$302.99                                   | N/A                    | \$247.28                         |
| Established patient periodic preventive medicine examination, 18-39 years                   | \$326.50      | \$309.43                                   | N/A                    | \$247.28                         |
| Established patient periodic preventive medicine examination, 40-64 years                   | \$347.25      | \$329.14                                   | N/A                    | \$247.28                         |
| Established patient periodic preventive medicine examination, 65 years and older            | \$373.00      | \$353.71                                   | N/A                    | \$247.28                         |
| Immunization admin, through 18 years of age with counseling; 1 vaccine                      | \$54.50       | \$44.34                                    | \$16.87                | \$12.15                          |
| Immunization admin; 1 vaccine   | \$54.50       | \$44.34                                    | \$16.87                | \$12.15                          |
| Immunization admin; each additional vaccine   | \$41.75       | \$33.82                                    | \$12.67                | \$9.11                           |
| Lipid panel   | \$32.00       | \$17.13                                    | \$13.76                | \$14.72                          |
| Thyroid stimulating hormone (Tsh)   | \$40.00       | \$21.53                                    | \$17.20                | \$18.40                          |

## DISCLAIMERS:

- **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 of the services provided at this clinic.
- Charges represent the standard amount a clinic bills for a service. For many 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 320-255-5622.