

Meeker Memorial Hospital & Clinics' Primary Care Price Transparency

Procedure Description	Clinic Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Reimbursement
Punch Biopsy of Skin	\$ 241.00	\$ 75.20	\$ 31.86	\$ 139.33
Destruction Premalignant Lesions	\$ 171.00	\$ 70.86	\$ 19.20	\$ 90.07
Destruction Of Benign Lesions	\$ 230.00	\$ 90.29	\$ 101.20	\$ 150.85
Arthrocentesis, Aspiration And/or Injection, Major Joint Or Bursa	\$ 200.00	\$ 65.76	\$ 88.00	\$ 119.32
Removal Impacted Cerumen	\$ 80.00	\$ 16.80	\$ 32.84	\$ 41.86
Immunization Admin Through 18Yrs Of Age	\$ 40.00	\$ 14.30	\$ 18.81	\$ 41.86
Immunization Admin Through 18Yrs Of Age, Each Addtl Vaccine	\$ 40.00	\$ 12.85	\$ 18.81	\$ 35.54
Immunization Admin; 1 Vaccine	\$ 52.00	\$ 10.92	\$ 24.45	\$ 26.54
Electrocardiogram, Routine Ecg W/At Least12 Leads	\$ 82.00	\$ 16.92	\$ 5.55	\$ 17.38
Anticoagulant Management	\$ 70.00	\$ 8.19	\$ 7.80	\$ 28.52
Injection; Subcutaneous Or Intramuscular	\$ 150.00	\$ 31.50	\$ 61.55	\$ 50.44
New Pt - Level 1 Office Visit	\$ 144.00	\$ 20.67	\$ 63.36	\$ 51.25
New Pt - Level 2 Office Visit	\$ 160.00	\$ 66.29	\$ 36.94	\$ 108.71
New Pt - Level 3 Office Visit	\$ 240.00	\$ 97.81	\$54.99	\$ 146.29
New Pt - Level 4 Office Visit	\$ 400.00	\$ 165.11	\$ 176.00	\$ 177.79
Established Pt - Level 1 Office Visit	\$ 100.00	\$ 28.35	\$ 44.00	\$ 44.33
Established Pt - Level 2 Office Visit	\$ 110.00	\$ 36.66	\$ 48.40	\$ 66.41
Established Pt - Level 3 Office Visit	\$ 200.00	\$ 72.02	\$ 87.66	\$ 110.60
Established Pt - Level 4 Office Visit	\$ 306.00	\$ 110.77	\$ 134.49	\$177.21
Established Pt - Level 5 Office Visit	\$ 325.00	\$ 141.67	\$ 148.78	\$ 234.67
Established Pt - Infant Preventive Visit	\$ 227.00	N/A	\$ 52.00	\$ 159.72
Established Pt - 1-4 Yrs. Preventive Visit	\$ 240.00	N/A	\$ 63.14	\$ 169.85
Established Pt - 5-11 Yrs. Preventive Visit	\$ 241.00	N/A	\$ 56.83	\$ 169.65
Established Pt - 12-17 Yrs. Preventive Visit	\$ 263.00	N/A	\$ 64.34	\$ 185.86
Established Pt - 40-64 Yrs. Preventive Visit	\$ 300.00	N/A	\$ 149.07	\$ 221.86

- **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 received, 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 prices 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 the clinic. These listed rates do not reflect the amount you might owe as a co-payment.
- The hospital-based clinic charges a facility fee which is included in the prices listed above.
- For more information, please call 320-693-4500 and ask to speak with a billing representative.