

JMHS PRICE TRANSPARENCY NOTICE

General Clinic/Hospital Outpatient Services

Prices as of July 1, 2020

Procedure Description	JMHS Charge	Average Commercial Insurance Payment	Medicare Reimbursement	Medical Assistance Reimbursement
1 OFFICE VISIT ESTAB; LEVEL 3	169.85	117.21	290.21**	250.96**
2 OFFICE VISIT; ESTAB; LEVEL 2	119.65	82.57	290.21**	250.96**
3 OFFICE VISIT; ESTAB; LEVEL 4	278.83	192.42	290.21**	250.96**
4 OFFICE VISIT; ESTAB; LEVEL 5	390.15	269.24	290.21**	250.96**
5 OFFICE VISIT; NEW; LEVEL 1	118.61	81.85	290.21**	250.96**
6 OFFICE VISIT; NEW; LEVEL 2	202.88	140.01	290.21**	250.96**
7 OFFICE VISIT; NEW; LEVEL 3	290.27	200.32	290.21**	250.96**
8 OFFICE VISIT; NEW; LEVEL 4	443.21	305.86	290.21**	250.96**
9 OFFICE VISIT; NEW; LEVEL 5	540.60	373.07	290.21**	250.96**
10 PREVENTIVE CARE, ESTABLISHED (AGES 40-64)	283.66	195.75	n/a	250.96**
11 PREVENTIVE CARE, ESTABLISHED (AGES 65+)	320.43	221.13	n/a	250.96**
12 PREVENTIVE CARE, ESTABLISHED (AGES 18-39)	261.60	180.53	n/a	250.96**
13 PREVENTIVE CARE, ESTABLISHED (AGES <1)	215.37	148.63	n/a	250.96**
14 PREVENTIVE CARE, ESTABLISHED (AGES 1-4)	239.54	165.31	n/a	250.96**
15 PREVENTIVE CARE, ESTABLISHED (AGES 5-11)	238.49	164.58	n/a	250.96**
16 PREVENTIVE CARE, ESTABLISHED (AGES 12-17)	260.55	179.81	n/a	250.96**
17 PREVENTIVE CARE; NEW (<1)	255.30	176.18	n/a	250.96**
18 PREVENTIVE CARE, NEW (AGES 40-64)	297.32	205.18	n/a	250.96**
19 PREVENTIVE CARE, NEW (AGES 1-4)	276.31	190.68	n/a	250.96**
20 THERAPEUTIC EX.(15) 15MIN	111.00	76.60	53.28	49.95
21 CBC WITH AUTO DIFF	128.00	88.33	61.44	57.60
22 BASIC METABOLIC PANEL	190.00	131.12	91.20	85.50
23 COMPREHENSIVE METABOLIC PANEL	250.00	172.53	120.00	112.50
24 LIPID PROFILE	123.00	84.88	59.04	55.35
25 CBC (HEMOGRAM)	108.00	74.53	51.84	48.60

***This hospital-based clinic may charge a separate facility fee, which might result in higher out-of-pocket expense. For more information, please contact JMHS Business Office - Lauren Wold at (320) 312-2136 or lwold@jmhsmn.org.**

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 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 JMHS Business Office - **Lauren Wold at (320) 312-2136 or lwold@jmhsmn.org.**

