

Procedure Description	Clinic Charge	Average Commercial Insurance Reimbursement	Medicare Reimbursement	Medical Assistance Reimbursement
Established Patient; Expanded Problem Focused	\$190.00	\$93.34	\$50.45	\$57.19
Immunization Administration, SC/IM; one vaccine	\$47.00	\$32.00	\$16.82	\$12.83
Venipuncture, Routine	\$19.00	\$3.10	N/A	\$3.00
Influenza Vaccine Quadrivalent Inactivated IM	\$32.00	\$19.36	N/A	\$19.03
Established Patient; Detailed	\$280.00	\$144.80	\$77.95	\$83.97
Psychotherapy, 45 min	\$173.00	\$82.02	\$83.19	\$79.68
Chlamydia, amplified probe	\$132.00	\$53.33	N/A	\$38.99
Nesseiria gonorrhoeae, amplified probe	\$132.00	\$48.94	N/A	\$38.99
Psychiatric Med Management, Detailed	\$280.00	\$124.02	\$77.95	\$83.97
Psychotherapy, 60 min	\$235.00	\$118.14	\$124.86	\$119.36
Therapeutic Exercise; each 15 min	\$87.00	\$49.58	\$31.05	\$22.01
Established Patient; Expanded Problem Focused (GQC)	\$190.00	\$77.22	\$50.45	\$57.19
Eye Refraction	\$100.00	\$33.03	N/A	\$13.82
New Patient; Expanded Problem Focused	\$204.00	\$87.99	\$49.86	\$58.86
Psychotherapy, 30 min	\$129.00	\$57.80	\$62.36	\$59.84
TSH, 3rd Generation	\$63.00	\$21.93	N/A	\$18.67
HPV Vaccine Nonavalent IM 3 Dose	\$287.00	\$205.18	N/A	\$217.11
HIV Antigen/Antibody Combo	\$87.00	\$32.11	N/A	\$26.75
Comprehensive Metabolic Panel	\$51.00	\$13.99	N/A	\$11.74
Quantiferon-TB Gold	\$231.00	\$83.96	N/A	\$68.87
CBC (includes Diff/Plt)	\$38.00	\$9.78	N/A	\$8.63
Preventive Medicine Est. Pt. 18-39	\$303.00	\$182.06	N/A	\$92.34
Psychological Initial Evaluation	\$300.00	\$146.03	\$125.22	\$122.24
Treponemal Palidum Antibody	\$50.00	\$17.88	N/A	\$14.71
Eye Exam, Comprehensive, New Patient	\$272.00	\$208.35	\$100.03	\$108.54

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 may owe as a co-payment.

Please direct questions to Boynton Health Patient Accounting Office at (612) 624-6985

Average reimbursement is based on FY 18/19 actuals



BOYNTON HEALTH
UNIVERSITY OF MINNESOTA