

Procedure Description	Clinic Charge	Average Commercial Insurance Reimbursement	Medicare Reimbursement	Medicaid Reimbursement
Established Patient; Brief	\$57.00	\$37.82	\$23.02	\$16.77
SARS-Covid-19-Amp-Probe-Tech-High-Thru-Put	\$115.00	\$102.16	N/A	N/A
Psychotherapy - Telehealth, 45 min	\$173.00	\$87.45	N/A	\$77.21
Immunization Administration, SC/IM; one vaccine	\$47.00	\$23.87	N/A	\$13.76
Venipuncture, Routine	\$19.00	\$3.02	\$3.00	\$3.05
Established patient; Expanded Problem Focused	\$190.00	\$105.84	\$63.46	\$49.39
Estab Patient; Expanded Problem Focused-TeleHealth-PC	\$190.00	\$100.87	\$46.77	\$58.58
Influenza Vaccine Quadrivalent Inactivated IM	\$32.00	\$20.07	\$19.58	\$18.92
Psychiatric Med Management, Detailed TeleMed	\$280.00	\$142.02	N/A	\$105.01
ADM SARSCOV2 100MCG/0.5ML1ST- Moderna	\$34.00	\$24.96	\$17.67	\$18.93
ADM SARSCOV2 100MCG/0.5ML2ND- Moderna	\$57.00	\$37.85	\$37.35	\$23.00
Established Patient; Detailed	\$280.00	\$144.85	\$99.70	\$60.11
Chlamydia, amplified probe	\$132.00	\$51.18	N/A	\$17.86
Nesseiria gonorrhoeae, amplified probe	\$132.00	\$37.93	N/A	\$17.86
Eye Refraction	\$100.00	\$32.43	\$19.30	N/A
Psychotherapy - TeleHealth, 60 min	\$235.00	\$116.42	N/A	\$103.80
Established Patient; Detailed-TeleHealth-PC	\$280.00	\$149.47	\$78.23	\$76.26
Therapeutic Exercise; each 15 min	\$87.00	\$54.88	\$19.04	\$22.45
Comprehensive Metabolic Panel	\$51.00	\$10.42	\$10.56	N/A
TSH, 3rd Generation	\$63.00	\$16.66	\$17.10	\$17.10
Group Psychotherapy - TeleHealth	\$115.00	\$29.95	N/A	N/A
Eye Exam, Comprehensive, Established Patient	\$272.00	\$181.57	\$117.72	N/A
Psychotherapy - TeleHealth, 30 min	\$129.00	\$62.19	N/A	\$50.71
HIV Antigen/Antibody Combo	\$87.00	\$26.03	N/A	\$24.51
Preventive Medicine Est. Pt. 18-39	\$303.00	\$181.78	N/A	N/A

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 20/21 actuals