State Mandated Clinic Price Transparency – Browerville Clinic

	Description	Lakewood Charge	Commercial Reimbursement	Medicare Reimbursement	Medicaid Reimbursement
1	OFFICE/OUTPT VISIT,EST,LEVL III	$ 113.00	$ 48.39	$ 209.44	$ 282.32
2	OFFICE/OUTPT VISIT,EST,LEVL IV	$ 173.00	$ 83.08	$ 209.44	$ 282.32
3	PREVENTIVE VISIT,EST,AGE 1-4	$ 185.00	$ 113.93	$ 261.80	$ 282.32
4	PREVENTIVE VISIT,EST,40-64	$ 224.00	$ 170.65	$ 261.80	$ 282.32
5	PREVENTIVE VISIT,EST,65 & OVER	$ 252.00	$ 188.72	$ 261.80	$ 282.32
6	PREVENTIVE VISIT,EST,INFANT	$ 167.00	$ 100.87	$ 261.80	$ 282.32
7	OFFICE/OUTPT VISIT,EST,LEVL II	$ 56.00	$ 30.91	$ 209.44	$ 282.32
8	OFFICE/OUTPT VISIT,EST,LEVL V	$ 245.00	$ 123.67	$ 209.44	$ 282.32
9	PREVENTIVE VISIT,EST,AGE5-11	$ 184.00	$ 120.52	$ 261.80	$ 282.32
10	PREVENTIVE VISIT,EST,18-39	$ 204.00	$ 145.56	$ 261.80	$ 282.32
11	PREVENTIVE VISIT,EST,12-17	$ 204.00	$ 117.69	$ 261.80	$ 282.32
12	OFFICE/OUTPT VISIT,NEW,LEVL III	$ 167.00	$ 66.11	$ 209.44	$ 282.32
13	OFFICE/OUTPT VISIT,NEW,LEVL IV	$ 285.00	$ 100.13	$ 209.44	$ 282.32
14	PREVENTIVE VISIT,NEW,12-17	$ 232.00	$ 116.79	$ 261.80	$ 282.32
15	PREVENTIVE VISIT,NEW,40-64	$ 269.00	$ 194.43	$ 261.80	$ 282.32
16	OFFICE/OUTPT VISIT,NEW,LEVL II	$ 110.00	$ 40.77	$ 209.44	$ 282.32
17	PREVENTIVE VISIT,NEW,18-39	$ 232.00	$ 128.72	$ 261.80	$ 282.32
18	OFFICE/OUTPT VISIT,NEW,LEVL V	$ 430.00	$ 164.27	$ 209.44	$ 282.32
19	C&TC SERVICE	$ 65.00	$ 5.26	$ 261.80	$ 282.32
20	INJECTION, SUBQ/IM	$ 37.00	$ 19.23	$ 209.44	$ 282.32
21	IMM ADMIN <19YRS W MD/PA/NP COUNSEL, 1ST INJ	$ 22.00	$ 43.34	$ 261.80	$ 282.32
22	IMMUNIZATION ADMINISTRATION; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TO*	$ 37.00	$ 25.53	$ 261.80	$ 282.32
23	BRIEF BEHAV ASSMT W/SCORE & DOC PER STD INSTRM	$ 45.00	$ 6.57	$ 209.44	$ 282.32
24	TDAP, TETANUS, DIPHTHERIA, PERTUSSIS 7+ YRS, BOOSTRIX	$ 58.00	$ 27.57	$ 261.80	$ 282.32
25	FLU VACCINE,QUAD, NO PRESERV,IM .5 ML	$ 44.00	$ 16.63	$ 261.80	$ 282.32

- **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.

- **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.

- **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 term of your specific health policy, please contact your health insurance company.

- The Minnesota Legislature passed a law that requires certain clinics to report amounts for their 25 most frequent services that cost more than $25.00. The services listed here do not reflect all the services provided at this clinic.

For more information, please contact Lisa Bjerga, CFO, at 218-894-1515.

Lakewood HEALTH SYSTEM

State Mandated Clinic Price Transparency – Eagle Bend Clinic

	Description	Lakewood Charge	Commercial Reimbursement	Medicare Reimbursement	Medicaid Reimbursement
1	OFFICE/OUTPT VISIT,EST,LEVL III	$ 113.00	$ 48.39	$ 211.39	$ 282.56
2	OFFICE/OUTPT VISIT,EST,LEVL IV	$ 173.00	$ 83.08	$ 211.39	$ 282.56
3	PREVENTIVE VISIT,EST,40-64	$ 224.00	$ 170.65	$ 264.24	$ 282.56
4	OFFICE/OUTPT VISIT,EST,LEVL II	$ 56.00	$ 30.91	$ 211.39	$ 282.56
5	PREVENTIVE VISIT,EST,65 & OVER	$ 252.00	$ 188.72	$ 264.24	$ 282.56
6	PREVENTIVE VISIT,EST,AGE5-11	$ 184.00	$ 120.52	$ 264.24	$ 282.56
7	OFFICE/OUTPT VISIT,EST,LEVL V	$ 245.00	$ 123.67	$ 211.39	$ 282.56
8	PREVENTIVE VISIT,EST,18-39	$ 204.00	$ 145.56	$ 264.24	$ 282.56
9	PREVENTIVE VISIT,EST,AGE 1-4	$ 185.00	$ 113.93	$ 264.24	$ 282.56
10	PREVENTIVE VISIT,EST,12-17	$ 204.00	$ 117.69	$ 264.24	$ 282.56
11	PREVENTIVE VISIT,EST,INFANT	$ 167.00	$ 100.87	$ 264.24	$ 282.56
12	OFFICE/OUTPT VISIT,NEW,LEVL III	$ 167.00	$ 66.11	$ 211.39	$ 282.56
13	OFFICE/OUTPT VISIT,NEW,LEVL IV	$ 285.00	$ 100.13	$ 211.39	$ 282.56
14	PREVENTIVE VISIT,NEW,40-64	$ 269.00	$ 194.43	$ 264.24	$ 282.56
15	OFFICE/OUTPT VISIT,NEW,LEVL V	$ 430.00	$ 164.27	$ 211.39	$ 282.56
16	PREVENTIVE VISIT,NEW,AGE5-11	$ 211.00	$ 99.35	$ 264.24	$ 282.56
17	PREVENTIVE VISIT,NEW,12-17	$ 232.00	$ 116.79	$ 264.24	$ 282.56
18	OFFICE/OUTPT VISIT,NEW,LEVL II	$ 110.00	$ 40.77	$ 211.39	$ 282.56
19	INJECTION, SUBQ/IM	$ 37.00	$ 19.23	$ 211.39	$ 282.56
20	IMMUNIZATION ADMINISTRATION; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TO*	$ 37.00	$ 25.53	$ 264.24	$ 282.56
21	C&TC SERVICE	$ 65.00	$ 5.26	$ 264.24	$ 282.56
22	IMM ADMIN <19YRS W MD/PA/NP COUNSEL, 1ST INJ	$ 22.00	$ 43.34	$ 264.24	$ 282.56
23	FLU VACCINE,QUAD, NO PRESERV,IM .5 ML	$ 44.00	$ 16.63	$ 264.24	$ 282.56
24	TDAP, TETANUS, DIPHTHERIA, PERTUSSIS 7+ YRS, BOOSTRIX	$ 58.00	$ 27.57	$ 264.24	$ 282.56
25	BRIEF BEHAV ASSMT W/SCORE & DOC PER STD INSTRM	$ 45.00	$ 6.57	$ 211.39	$ 282.56

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- **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.

- **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 term of your specific health policy, please contact your health insurance company.

- The Minnesota Legislature passed a law that requires certain clinics to report amounts for their 25 most frequent services that cost more than $25.00. The services listed here do not reflect all the services provided at this clinic.

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Lakewood HEALTH SYSTEM

State Mandated Clinic Price Transparency – Motley Clinic

	Description	Lakewood Charge	Commercial Reimbursement	Medicare Reimbursement	Medicaid Reimbursement
1	OFFICE/OUTPT VISIT,EST,LEVL III	$ 113.00	$ 48.39	$ 219.99	$ 294.08
2	OFFICE/OUTPT VISIT,EST,LEVL IV	$ 173.00	$ 83.08	$ 219.99	$ 294.08
3	PREVENTIVE VISIT,EST,40-64	$ 224.00	$ 170.65	$ 274.99	$ 294.08
4	PREVENTIVE VISIT,EST,AGE 1-4	$ 185.00	$ 113.93	$ 274.99	$ 294.08
5	PREVENTIVE VISIT,EST,18-39	$ 204.00	$ 145.56	$ 274.99	$ 294.08
6	PREVENTIVE VISIT,EST,INFANT	$ 167.00	$ 100.87	$ 274.99	$ 294.08
7	PREVENTIVE VISIT,EST,AGE5-11	$ 184.00	$ 120.52	$ 274.99	$ 294.08
8	PREVENTIVE VISIT,EST,65 & OVER	$ 252.00	$ 188.72	$ 274.99	$ 294.08
9	PREVENTIVE VISIT,EST,12-17	$ 204.00	$ 117.69	$ 274.99	$ 294.08
10	OFFICE/OUTPT VISIT,EST,LEVL V	$ 245.00	$ 123.67	$ 219.99	$ 294.08
11	OFFICE/OUTPT VISIT,EST,LEVL II	$ 56.00	$ 30.91	$ 219.99	$ 294.08
12	OFFICE/OUTPT VISIT,NEW,LEVL III	$ 167.00	$ 66.11	$ 219.99	$ 294.08
13	OFFICE/OUTPT VISIT,NEW,LEVL IV	$ 285.00	$ 100.13	$ 219.99	$ 294.08
14	PREVENTIVE VISIT,NEW,40-64	$ 269.00	$ 194.43	$ 274.99	$ 294.08
15	OFFICE/OUTPT VISIT,NEW,LEVL II	$ 110.00	$ 40.77	$ 219.99	$ 294.08
16	PREVENTIVE VISIT,NEW,12-17	$ 232.00	$ 116.79	$ 274.99	$ 294.08
17	OFFICE/OUTPT VISIT,NEW,LEVL V	$ 430.00	$ 164.27	$ 219.99	$ 294.08
18	PREVENTIVE VISIT,NEW,AGE5-11	$ 211.00	$ 99.35	$ 274.99	$ 294.08
19	C&TC SERVICE	$ 65.00	$ 5.26	$ 274.99	$ 294.08
20	BRIEF BEHAV ASSMT W/SCORE & DOC PER STD INSTRM	$ 45.00	$ 6.57	$ 219.99	$ 294.08
21	IMM ADMIN <19YRS W MD/PA/NP COUNSEL, 1ST INJ	$ 22.00	$ 43.34	$ 274.99	$ 294.08
22	INJECTION, SUBQ/IM	$ 37.00	$ 19.23	$ 219.99	$ 294.08
23	IMMUNIZATION ADMINISTRATION; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TO*	$ 37.00	$ 25.53	$ 274.99	$ 294.08
24	FLU VACCINE,QUAD, NO PRESERV,IM .5 ML	$ 44.00	$ 16.63	$ 274.99	$ 294.08
25	TDAP, TETANUS, DIPHTHERIA, PERTUSSIS 7+ YRS, BOOSTRIX	$ 58.00	$ 27.57	$ 274.99	$ 294.08

- **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.

- **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.

- **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 term of your specific health policy, please contact your health insurance company.

- The Minnesota Legislature passed a law that requires certain clinics to report amounts for their 25 most frequent services that cost more than $25.00. The services listed here do not reflect all the services provided at this clinic.

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Lakewood HEALTH SYSTEM

State Mandated Clinic Price Transparency – Pillager Clinic

	Description	Lakewood Charge	Commercial Reimbursement	Medicare Reimbursement	Medicaid Reimbursement
1	OFFICE/OUTPT VISIT,EST,LEVL III	$ 113.00	$ 48.39	$ 197.58	$ 266.34
2	OFFICE/OUTPT VISIT,EST,LEVL IV	$ 173.00	$ 83.08	$ 197.58	$ 266.34
3	PREVENTIVE VISIT,EST,AGE 1-4	$ 185.00	$ 113.93	$ 246.97	$ 266.34
4	PREVENTIVE VISIT,EST,INFANT	$ 167.00	$ 100.87	$ 246.97	$ 266.34
5	PREVENTIVE VISIT,EST,40-64	$ 224.00	$ 170.65	$ 246.97	$ 266.34
6	PREVENTIVE VISIT,EST,18-39	$ 204.00	$ 145.56	$ 246.97	$ 266.34
7	PREVENTIVE VISIT,EST,AGE5-11	$ 184.00	$ 120.52	$ 246.97	$ 266.34
8	PREVENTIVE VISIT,EST,12-17	$ 204.00	$ 117.69	$ 246.97	$ 266.34
9	OFFICE/OUTPT VISIT,NEW,LEVL III	$ 167.00	$ 66.11	$ 197.58	$ 266.34
10	OFFICE/OUTPT VISIT,EST,LEVL II	$ 56.00	$ 30.91	$ 197.58	$ 266.34
11	PREVENTIVE VISIT,EST,65 & OVER	$ 252.00	$ 188.72	$ 246.97	$ 266.34
12	OFFICE/OUTPT VISIT,EST,LEVL V	$ 245.00	$ 123.67	$ 197.58	$ 266.34
13	OFFICE/OUTPT VISIT,NEW,LEVL IV	$ 285.00	$ 100.13	$ 197.58	$ 266.34
14	OFFICE/OUTPT VISIT,NEW,LEVL II	$ 110.00	$ 40.77	$ 197.58	$ 266.34
15	PREVENTIVE VISIT,NEW,AGE5-11	$ 211.00	$ 99.35	$ 246.97	$ 266.34
16	PREVENTIVE VISIT,NEW,18-39	$ 232.00	$ 128.72	$ 246.97	$ 266.34
17	PREVENTIVE VISIT,NEW,12-17	$ 232.00	$ 116.79	$ 246.97	$ 266.34
18	OFFICE/OUTPT VISIT,NEW,LEVL V	$ 430.00	$ 164.27	$ 197.58	$ 266.34
19	OFFICE/OUTPT VISIT,NEW,LEVL I	$ 89.00	$ 26.33	$ 197.58	$ 266.34
20	PSYCHOTHERAPY, 45 MINUTES	$ 185.00	$ 47.72	$ 197.58	$ 266.34
21	C&TC SERVICE	$ 65.00	$ 5.26	$ 246.97	$ 266.34
22	BRIEF BEHAV ASSMT W/SCORE & DOC PER STD INSTRM	$ 45.00	$ 6.57	$ 197.58	$ 266.34
23	IMM ADMIN <19YRS W MD/PA/NP COUNSEL, 1ST INJ	$ 22.00	$ 43.34	$ 246.97	$ 266.34
24	IMMUNIZATION ADMINISTRATION; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TO*	$ 37.00	$ 25.53	$ 246.97	$ 266.34
25	FLU VACCINE,QUAD, NO PRESERV,IM .5 ML	$ 44.00	$ 16.63	$ 246.97	$ 266.34

- **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.

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- The Minnesota Legislature passed a law that requires certain clinics to report amounts for their 25 most frequent services that cost more than $25.00. The services listed here do not reflect all the services provided at this clinic.

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Lakewood HEALTH SYSTEM

State Mandated Clinic Price Transparency – Staples Clinic

	Description	Lakewood Charge	Commercial Reimbursement	Medicare Reimbursement	Medicaid Reimbursement
1	OFFICE/OUTPT VISIT,EST,LEVL III	$ 113.00	$ 48.39	$ 226.16	$ 305.09
2	OFFICE/OUTPT VISIT,EST,LEVL IV	$ 173.00	$ 83.08	$ 226.16	$ 305.09
3	OFFICE/OUTPT VISIT,EST,LEVL II	$ 56.00	$ 30.91	$ 226.16	$ 305.09
4	PREVENTIVE VISIT,EST,40-64	$ 224.00	$ 170.65	$ 282.70	$ 305.09
5	PREVENTIVE VISIT,EST,AGE 1-4	$ 185.00	$ 113.93	$ 282.70	$ 305.09
6	PREVENTIVE VISIT,EST,INFANT	$ 167.00	$ 100.87	$ 282.70	$ 305.09
7	OFFICE/OUTPT VISIT,EST,LEVL V	$ 245.00	$ 123.67	$ 226.16	$ 305.09
8	PREVENTIVE VISIT,EST,18-39	$ 204.00	$ 145.56	$ 282.70	$ 305.09
9	PREVENTIVE VISIT,EST,AGE5-11	$ 184.00	$ 120.52	$ 282.70	$ 305.09
10	PREVENTIVE VISIT,EST,65 & OVER	$ 252.00	$ 188.72	$ 282.70	$ 305.09
11	OFFICE/OUTPT VISIT,NEW,LEVL III	$ 167.00	$ 66.11	$ 226.16	$ 305.09
12	PREVENTIVE VISIT,EST,12-17	$ 204.00	$ 117.69	$ 282.70	$ 305.09
13	OFFICE/OUTPT VISIT,NEW,LEVL II	$ 110.00	$ 40.77	$ 226.16	$ 305.09
14	OFFICE/OUTPT VISIT,NEW,LEVL IV	$ 285.00	$ 100.13	$ 226.16	$ 305.09
15	OFFICE/OUTPT VISIT,NEW,LEVL V	$ 430.00	$ 164.27	$ 226.16	$ 305.09
16	PREVENTIVE VISIT,NEW,18-39	$ 232.00	$ 128.72	$ 282.70	$ 305.09
17	PREVENTIVE VISIT,NEW,40-64	$ 269.00	$ 194.43	$ 282.70	$ 305.09
18	PREVENTIVE VISIT,NEW,12-17	$ 232.00	$ 116.79	$ 282.70	$ 305.09
19	OFFICE/OUTPT VISIT,NEW,LEVL I	$ 89.00	$ 26.33	$ 226.16	$ 305.09
20	PSYCHOTHERAPY, 45 MINUTES	$ 185.00	$ 47.72	$ 226.16	$ 305.09
21	C&TC SERVICE	$ 65.00	$ 5.26	$ 282.70	$ 305.09
22	BRIEF BEHAV ASSMT W/SCORE & DOC PER STD INSTRM	$ 45.00	$ 6.57	$ 226.16	$ 305.09
23	INJECTION, SUBQ/IM	$ 37.00	$ 19.23	$ 226.16	$ 305.09
24	IMM ADMIN <19YRS W MD/PA/NP COUNSEL, 1ST INJ	$ 22.00	$ 43.34	$ 282.70	$ 305.09
25	IMMUNIZATION ADMINISTRATION; ONE VACCINE (SINGLE OR COMBINATION VACCINE/TO*	$ 37.00	$ 25.53	$ 282.70	$ 305.09

- **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.

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Lakewood HEALTH SYSTEM