



Top 25 Clinic Procedures/Services

The Minnesota Legislature passed a law (MN State Statute 62J.812) that requires certain clinics to report information for their 25 most frequent services that are billed at a rate higher than \$25.00. The services listed below do not reflect all of the services provided at OAHS' clinics. Charges represent the standard amount OAHS bills for the associated service. Most often, OAHS is paid at an amount well below the charge due to negotiated rates or set pricing (see below for more information).

Description	Average Billed Charge	Medicare Allowable	Medicaid Allowable	Average Commercial Allowable
Office Outpatient Visit New Patient Level I	\$80.00	\$28.98	\$35.15	\$76.58
Office Outpatient Visit New Patient Level II	\$134.00	\$84.86	\$58.86	\$128.85
Office Outpatient Visit New Patient Level III	\$195.00	\$109.50	\$82.86	\$185.38
Office Outpatient Visit New Patient Level IV	\$297.00	\$161.75	\$125.82	\$282.63
Office Outpatient Visit New Patient Level V	\$373.00	\$200.50	\$158.19	\$355.56
Office Outpatient Visit Established Patient Level I	\$35.00	\$22.09	\$17.57	\$37.08
Office Outpatient Visit Established Patient Level II	\$80.00	\$60.11	\$34.87	\$75.37
Office Outpatient Visit Established Patient Level III	\$131.00	\$85.45	\$57.19	\$125.21
Office Outpatient Visit Established Patient Level IV	\$194.00	\$112.95	\$83.97	\$184.77
Office Outpatient Visit Established Patient Level V	\$261.00	\$128.24	\$112.15	\$249.20
Preventive Med Clinic Visit New Patient Age 5-11	\$217.00	Not Covered	\$93.74	\$206.65
Preventive Med Clinic Visit New Patient Age 12-17	\$245.00	Not Covered	\$105.74	\$233.40
Preventive Med Clinic Visit New Patient Age 18-39	\$239.00	Not Covered	\$102.11	\$226.10
Preventive Med Clinic Visit New Patient Age 40-64	\$276.00	Not Covered	\$118.57	\$262.57
Preventive Med Clinic Visit Established Patient 1-4	\$192.00	Not Covered	\$82.58	\$182.34
Preventive Med Clinic Visit Established Patient 5-11	\$191.00	Not Covered	\$82.30	\$181.73
Preventive Med Clinic Visit Established Patient 12-17	\$209.00	Not Covered	\$90.39	\$199.36
Preventive Med Clinic Visit Established Patient 18-39	\$214.00	Not Covered	\$92.37	\$203.61
Preventive Med Clinic Visit Established Patient 40-64	\$229.00	Not Covered	\$98.20	\$216.98
Preventive Med Clinic Visit Established Patient 65+	\$246.00	Not Covered	\$105.74	\$234.00
Immunization Administration 1 Vaccine IM	\$46.00	\$29.04	\$12.83	\$35.25
Venipuncture (Blood Draw)	\$27.00	\$16.14	\$3.00	\$3.00
Urinalysis-Dipstick Only	\$55.00	\$34.50	\$2.49	\$2.77
Therapeutic, Prophylactic, Diagnostic Injection SUBQ/IM	\$49.00	\$48.14	\$11.77	\$35.25
*EKG Interpretation and Report Only	\$67.00	\$9.44	\$5.88	\$14.59

*EKG's will also include a facility fee of \$57.00 making the total charge of an EKG \$124.00

Attention: The amounts posted do not reflect the amount(s) each OAHS clinic patient will pay for the services listed above. For specific information about the amount you will owe for services you receive, please contact your insurer or call our patient financial services (PFS) department at (320) 839-4096. The PFS department office hours are 7:30 – 4:30 Monday through Friday.

Patients covered by commercial insurance companies or 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 OAHS. These listed rates do not reflect the amount you might owe as a co-payment. Because of the way of which OAHS Ortonville Clinic bills, the dollar amount for some of the services will be split between two distinct charges of a professional fee and a facility fee although the total charge will be the same (e.g. New Patient Level I: \$80.00 total charge: \$45.00 billed as professional fee and \$35.00 billed as facility fee).