

Mille Lacs Health System

Description of Service	Gross Charge	Amount Charged to		Average Amount Received	
		Self Pay Patients	from Commercial Insurance	from Medicare	from Medicaid
ARTHOCONTESIS MAJ JNT	278.00	208.50	88.13	229.71	140.23
ARTHOCONTESIS INTERME	237.00	177.75	75.84	229.71	140.23
DEST PREAL LES FIRST	234.00	175.50	99.25	229.71	140.23
OFFIC VST NEW PT II	204.00	153.00	120.44	229.71	140.23
OFFIC VST NEW PT III	265.00	198.75	115.19	229.71	140.23
OFFIC VST NEW PT IV	376.00	282.00	230.49	229.71	140.23
OFFICE VST NEW V	506.00	379.50	286.61	229.71	140.23
OFFIC VST EST PT II	142.00	106.50	74.51	229.71	140.23
OFFIC VST EST PT III	181.00	135.75	106.33	229.71	140.23
OFFIC VST EST PT IV	275.00	206.25	143.38	229.71	140.23
OFFIC VST EST PT V	419.00	314.25	202.51	229.71	140.23
PREV MED NEW <1 YR	256.00	192.00	194.04	non covd by MC	140.23
PREV MED NEW 1-4 YR	278.00	208.50	172.32	non covd by MC	140.23
PREV MED NEW 5-11 YR	293.00	219.75	131.91	non covd by MC	140.23
PREV MED NEW 12-17YR	316.00	237.00	189.58	non covd by MC	140.23
PREV MED NEW 18-39YR	390.00	292.50	178.78	non covd by MC	140.23
PREV MED NEW 40-64YR	456.00	342.00	223.83	non covd by MC	140.23
PREV MED NEW >64	495.00	371.25	242.55	non covd by MC	140.23
PREV MED EST PT <1YR	209.00	156.75	164.06	non covd by MC	140.23
PREV MED EST 1-4 YR	223.00	167.25	151.30	non covd by MC	140.23
PREV MED EST 5-11 YR	242.00	181.50	165.01	non covd by MC	140.23
PREV MED EST 12-17YR	264.00	198.00	171.69	non covd by MC	140.23
PREV MED EST 18-39YR	320.00	240.00	181.89	non covd by MC	140.23
PREV MED EST 40-64YR	358.00	268.50	195.84	non covd by MC	140.23
PREV MED EST >64YR	392.00	294.00	215.60	non covd by MC	140.23

***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.

*Medicare and Medicaid pay an all-inclusive rate for Rural health clinic visits.

*For more information, please contact (320) 532-2311 or send email to mlhspricing@mlhealth.org