

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	292.00	219.00	104.14	247.71	144.14
ARTHOCONTESIS INTERME	249.00	186.75	90.42	247.71	144.14
DEST PREAL LES FIRST	246.00	184.50	91.93	247.71	144.14
OFFIC VST NEW PT II	214.00	160.50	137.15	247.71	144.14
OFFIC VST NEW PT III	278.00	208.50	155.84	247.71	144.14
OFFIC VST NEW PT IV	395.00	296.25	296.36	247.71	144.14
OFFICE VST NEW V	531.00	398.25	318.60	247.71	144.14
OFFIC VST EST PT II	149.00	111.75	79.81	247.71	144.14
OFFIC VST EST PT III	190.00	142.50	120.97	247.71	144.14
OFFIC VST EST PT IV	289.00	216.75	184.81	247.71	144.14
OFFIC VST EST PT V	440.00	330.00	230.32	247.71	144.14
PREV MED NEW <1 YR	269.00	201.75	161.40	non covd by MC	144.14
PREV MED NEW 1-4 YR	292.00	219.00	167.86	non covd by MC	144.14
PREV MED NEW 5-11 YR	308.00	231.00	163.71	non covd by MC	144.14
PREV MED NEW 12-17YR	332.00	249.00	185.92	non covd by MC	144.14
PREV MED NEW 18-39YR	410.00	307.50	180.68	non covd by MC	144.14
PREV MED NEW 40-64YR	479.00	359.25	223.83	non covd by MC	144.14
PREV MED NEW >64	520.00	390.00	280.80	non covd by MC	144.14
PREV MED EST PT <1YR	219.00	164.25	160.71	non covd by MC	144.14
PREV MED EST 1-4 YR	234.00	175.50	167.34	non covd by MC	144.14
PREV MED EST 5-11 YR	254.00	190.50	170.33	non covd by MC	144.14
PREV MED EST 12-17YR	277.00	207.75	170.71	non covd by MC	144.14
PREV MED EST 18-39YR	336.00	252.00	208.32	non covd by MC	144.14
PREV MED EST 40-64YR	376.00	282.00	214.32	non covd by MC	144.14
PREV MED EST >64YR	412.00	309.00	234.84	non covd by MC	144.14

***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