

Astera Health Bertha Clinic Primary Care Price Transparency

In compliance with Minnesota law, each primary care clinic that specializes in family medicine, general internal medicine, gynecology or general pediatrics is required to post the clinic's top 25 procedures over \$25.00. The detailed information is noted in Minnesota Statutes 62J.812 Primary Care Price Transparency and the website is <https://www.revisor.mn.gov/statutes/2018/cite/62J.812>

Procedure Description	Clinic Charge	Average Commercial Insurance Reimbursement	Medicare Reimbursement	Medical Assistance Reimbursement
Established Patient Office Visit, Level 2	116.00	99.79	280.85	328.61
Established Patient Office Visit, Level 3	163.00	85.96	280.85	328.61
Established Patient Office Visit, Level 4	244.00	124.08	280.85	328.61
Established Patient Office Visit, Level 5	325.00	135.66	280.85	328.61
New Patient Office Visit, Level 4	352.00	114.73	280.85	328.61
Established Patient Preventive Medicine Exam, under age 1	218.00	141.02	280.85	328.61
Established Patient Preventive Medicine Exam, Age 1-4	230.00	135.50	280.85	328.61
Established Patient Preventive Medicine Exam, Age 5-11	248.00	149.07	280.85	328.61
Established Patient Preventive Medicine Exam, Age 12-17	261.00	108.19	280.85	328.61
Established Patient Preventive Medicine Exam, Age 18-39	282.00	143.84	280.85	328.61
Established Patient Preventive Medicine Exam, Age 40-64	307.00	172.66	280.85	328.61
New Patient Preventive Medicine Exam, Age 40-64	343.00	177.49	280.85	328.61
Medicare Annual Wellness Visit, Subsequent includes a personalized prevention plan of service	320.00	NA	280.85	NA
Administration of 1 vaccine	46.00	22.05	NA	NA
Administration of vaccine, each additional vaccine	44.00	24.13	NA	NA
Influenza vaccine, quadrivalent, preservative free, 0.5 ml dosage	46.00	17.36	NA	NA
Influenza vaccine split virus, preservative free	87.00	59.01	NA	NA
Insertion of needle into vein for collection of blood sample	36.00	6.77	NA	NA
Injection of drug or substance under skin or into muscle	57.00	29.03	NA	NA
Completed early periodic screening diagnosis and treatment (EPSDT)	99.00	60.00	NA	NA
Diphtheria, tetanus, and acellular pertussis vaccine (7 yrs or older)	73.00	33.55	NA	NA
Injection, medroxyprogesterone acetate, 150 mg	153.00	95.31	NA	NA
Destruction of precancer skin growth, 1 growth	173.00	116.32	NA	NA
Professional service for multiple injections of allergen	24.00	20.09	NA	NA
Administration of influenza virus vaccine	44.00	13.74	NA	NA

The Minnesota Legislature passed a law as noted above, that requires certain clinics to report amounts for the 25 most frequent services that cost more than \$25.00. This list above does not reflect all services provided at this clinic.

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 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 rates do not reflect the amount you might owe as a co-payment.

The amounts posted do not reflect the amount(s) each patient will pay for the service. Patients who are eligible for financial assistance also receive additional discounts. For specific information about the amount you will owe, please contact your insurer, or contact us at (218) 631-7498 or (218) 631-7514 extension 7459.