



# Alomere Health Pricing Transparency

Procedure Description	Clinic Charge	Average Commercial Reimbursement Rate	Medicare Reimbursement	Medical Assistance Reimbursement
Office Outpatient New 30 minutes - New Patient	\$333.00	\$285.34	\$68.08	\$59.50
Office Outpatient New 45 minutes - New Patient	\$498.00	\$427.58	\$111.90	\$97.65
Office Outpatient 10 minutes - Established Patient	\$210.00	\$143.94	\$29.82	\$25.68
Office Outpatient 20 minutes - Established Patient	\$277.00	\$232.84	\$55.65	\$48.31
Office Outpatient 30 minutes - Established Patient	\$391.00	\$327.67	\$81.67	\$71.20
Office Outpatient 40 minutes - Established Patient	\$552.00	\$459.76	\$121.38	\$105.78
Periodic Comprehensive Preventive Medicine Re-evaluation & Management: Age under 1 year	\$299.00	\$248.93	-	\$79.07
Periodic Comprehensive Preventive Medicine Re-evaluation & Management: Age 1-4 years	\$316.00	\$265.02	-	\$53.91
Periodic Comprehensive Preventive Medicine Re-evaluation & Management: Age 5-11 years	\$315.00	\$265.02	-	\$53.91
Periodic Comprehensive Preventive Medicine Re-evaluation & Management: Age 18-39 years	\$354.00	\$298.04	-	\$63.06
Comprehensive Preventive Medicine Re-evaluation & Management: 40-64 years	\$376.00	\$316.67	-	\$68.66
Therapeutic, Prophylactic or Diagnostic Injection	\$82.00	\$36.41	\$15.40	\$10.51
Immunization Admin through 18 Years of Age, 1st Vaccine	\$71.00	\$58.42	\$23.35	\$17.29
Immunization Admin through 18 Years of Age, w/Counseling; Each Add'l Vaccine/Toxoid	\$27.00	\$22.01	\$8.52	\$6.35
Immunization Admin; 1 Vaccine	\$77.00	\$52.50	\$22.27	\$15.76
Pneumococcal Vaccine	\$737.00	\$312.90	\$171.60	\$312.90
Screening Digital Breast Tomosynthesis, Bilateral	\$114.00	\$132.93	\$27.22	\$20.78
Screening Mammography, Bilateral, Includes Computer-aided Detection when Performed	\$282.00	\$325.98	\$34.39	\$26.29
Intracutaneous Tests with Allergenic Extracts	\$54.00	\$31.33	\$12.47	\$9.26
Electrocardiogram	\$25.00	\$20.32	\$8.18	\$5.75
Basic Screening Test for Hearing	\$41.00	\$32.17	\$13.50	\$9.51
Preventive Medicine Counseling	\$117.00	\$97.37	\$20.11	\$17.29
Screening Eye Test	\$10.00	\$8.47	\$3.19	\$2.25
Aspiration and/or Injection of Fluid from Large Joint	\$380.00	\$165.95	\$41.30	\$31.80
Tetanus Diphtheria Toxoids and Acellular Pertussis Vaccine (Tdap) 7 years or older	\$96.00	\$39.81	-	-
Hospital Outpatient Clinic Visit for Assessment & Management of a Patient	\$145.00	N/A	\$136.02	\$136.02

## Key messages:

- The amounts posted here do not reflect the amount individuals patients, or their health insurance plan, will owe 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 enacted a new law that requires certain clinics to report information about the 25 most frequent services they provide that cost more than \$25. The law requires clinics to post their starting charges, expected

payment rate from Medicare and Medical Assistance, and average amount paid by commercial insurance companies.

- Charges represent the standard amount a clinic bills for any service. Most often, charges are not the amount the clinic actually gets paid for the service. For most patients, clinics are paid at a level well below their charges.
- Patients covered by commercial insurance companies or Medicare Advantage plans have rates specific to their particular company and policy that the insurer negotiated with in-network

clinics. These policy-specific negotiated rates are not reflected in these posted amounts. 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, have clinic payment rates based on fee schedules. The rates listed here do not reflect the amount individual Medicare or Medical Assistance patients owe for the service. Please contact your insurance program by calling the customer service number on your insurance card.

- When patients want to shop for medical services, they should contact their own insurance company to get information about which costs will be covered by the insurance company and which will be the patient's responsibility.

- For additional information about this clinic's charges, Medicare or Medical Assistance payment rates, or the clinic's average payment rate from commercial health insurance companies, please contact our clinic's patient financial relations/billing office phone number and email address and we can help you.

## Facility Fee: filed to Medicare Part A

## Physician Fee: filed to Medicare Part B

The total cost of charges for Medicare patients will not exceed charges incurred by non-Medicare patients receiving the same services. Co-payments for Part A and Part B will vary based on the type and number of services received and by the insurance company.

Depending on your health insurance, this hospital-based clinic may charge a separate facility fee, which might result in higher out-of-pocket expense. For more information, please contact Account Services at **320-759-4242** or **1-800-450-6101**.

- For specific information about the amount you will owe for the services you receive, please contact your insurer.

Most patients, including those with government-sponsored health coverage, such as Medicare, Medical Assistance or MinnesotaCare, have clinic payment rates based on fee schedules or negotiated by a managed care organization. For information about the clinic's facility fee or other questions regarding the fee schedule or negotiated rates applicable to your specific coverage, please contact your insurance program by calling the

customer service number on your insurance card.

- Patients who want to shop for medical services should contact their insurance company to get important information necessary to make the best decisions. This information might include the following:
  - Which providers, clinics and hospitals are in- or out-of-network under the terms of the specific policy?

- Which services are covered under the policy?
- Even if the services are covered, does the policy require any prior authorization or other approvals by the insurance company before receiving the service?
- What portion of the costs for the service(s), if any, will be covered by the insurance company and which will be the patient's responsibility?