

Starbuck Clinic Price Transparency

The Minnesota Legislature passed a new law that requires certain clinics to report amounts for their 25 most frequent services that cost more than \$25. The amounts posted here 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 Patient Account Services at (320) 589-7667.

CPT Code Description	SCMC Charge	Medicare Reimbursement	Medical Assistance Reimbursement	Average Commercial Insurance Payment
EST PT LEVEL 3 OFFICE/OTHER OP VISIT EVAL AND MGMT LOW	\$197.00	\$511.00	\$144.00	\$147.75
EST PT LEVEL 4 OFFICE/OTHER OP VISIT EVAL AND MGMT MODERATE	\$273.00	\$511.00	\$144.00	\$204.75
COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	\$48.00	\$18.72	\$17.76	\$36.00
BLOOD COUNT; COMPLETE, AUTOMATED AND DIFF	\$153.00	\$59.67	\$56.61	\$114.75
COMPREHENSIVE METABOLIC PANEL	\$300.00	\$117.00	\$111.00	\$225.00
BASIC METABOLIC PANEL	\$238.00	\$92.82	\$88.06	\$178.50
IMMUNIZATION ADMIN; 1 VACCINE	\$38.00	\$14.82	\$14.06	\$28.50
LIPID PANEL	\$168.00	\$65.52	\$62.16	\$126.00
HEMOGLOBIN A1C	\$106.00	\$41.34	\$39.22	\$79.50
URINALYSIS BY DIP STICK	\$31.00	\$12.09	\$11.47	\$23.25
INFECTIOUS AGENT DETECTION INFLUENZA VIRUS	\$132.00	\$51.48	\$48.84	\$99.00
THERAPEUTIC, PROPHYLATIC OR DIAG INJECTION SUBCUT OR IM	\$56.00	\$21.84	\$20.72	\$42.00
INFECTIOUS AGENT DETECTION; STREP	\$16.00	\$6.24	\$5.92	\$12.00
URINALYSIS BY DIP STICK WITH MICRO	\$69.00	\$26.91	\$25.53	\$51.75
EST PT 40-64 YRS PERIODIC PREVENTIVE MED REEVAL AND MGMT	\$280.00	\$511.00	\$103.60	\$210.00
INFECTIOUS AGENT DETECTION COVID 19	\$157.00	\$61.23	\$58.09	\$117.75
ELECTROCARDIOGRAM, ROUTINE ECG	\$177.00	\$69.03	\$65.49	\$132.75
INFLUENZA VIRUS VACCINE	\$63.00	\$24.57	\$23.31	\$47.25
WORK RELATED OR MED DISABILITY EXAM	\$122.00	N/A	\$45.14	\$91.50
URINE, MICROALBUMIN	\$117.00	\$45.63	\$43.29	\$87.75
CREATININE	\$106.00	\$41.34	\$39.22	\$79.50
CHEST XRAY 2 VIEWS	\$334.00	\$130.26	\$123.58	\$250.50
IMMUNIZATION ADMINISTRATION; EACH VACCINE	\$29.00	\$11.31	\$10.73	\$21.75
DETECTION TEST COVID-19, INFLUENZA, RSV	\$422.00	\$164.58	\$156.14	\$316.50
PNEUMOCOCCAL CONJUGATE VACCINE, IM	\$310.00	\$120.90	\$114.70	\$232.50

The services listed here do not reflect all of the services provided at this clinic. Charges represent the standard amount the clinic bills for a service. For most patients, clinics get paid an amount below the listed charge. **Patients covered by a non-governmental health insurance:** 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 covered by a government-sponsored health program, such as, Medicare, Medicare Advantage, or Medical Assistance:** The payment rates listed above reflect amounts set by Medicare or Medical Assistance, not by this clinic. These listed rates do not reflect the amount you might owe as a co-payment. For more information contact our Patient Account Services at (320) 589-7667.