1/1/2026

	Procedure Decsription	Medicare Payment		Medicaid Payment		Average Commercial Payment	Clinic Charge
1	OFFICE VISIT - EXISTING PATIENT LEVEL 2	$ 52.82	**	$ 48.65	**	$ 83.40	$ 139.00
2	OFFICE VISIT - EXISTING PATIENT LEVEL 3	$ 76.76	**	$ 70.70	**	$ 121.20	$ 202.00
3	OFFICE VISIT - EXISTING PATIENT LEVEL 4	$ 113.24	**	$ 104.30	**	$ 178.80	$ 298.00
4	OFFICE VISIT - EXISTING PATIENT LEVEL 5	$ 160.74	**	$ 148.05	**	$ 253.80	$ 423.00
5	OFFICE VISIT - NEW PATIENT LEVEL 2	$ 88.92	**	$ 81.90	**	$ 140.40	$ 234.00
6	OFFICE VISIT - NEW PATIENT LEVEL 3	$ 129.96	**	$ 119.70	**	$ 205.20	$ 342.00
7	OFFICE VISIT - NEW PATIENT LEVEL 4	$ 184.30	**	$ 169.75	**	$ 291.00	$ 485.00
8	OFFICE VISIT - NEW PATIENT LEVEL 5	$ 232.94	**	$ 214.55	**	$ 367.80	$ 613.00
9	EYE EXAM - ESTABLISHED PATIENT	$ 69.92		$ 64.40		$ 110.40	$ 184.00
10	REFRACTION OF EYE	$ 22.04		$ 20.30		$ 34.80	$ 58.00
11	ANNUAL WELLNESS VISIT SUB	$ 112.86		$ 103.95		$ 178.20	$ 297.00
12	ANTICOAGULANT MGMT FOR PT TAKING WARFARIN	$ 30.78		$ 28.35		$ 48.60	$ 81.00
13	IMMUNIZATION ADMINISTRATION	$ 15.58		$ 14.35		$ 24.60	$ 41.00
14	LAB TEST - BASIC METABOLIC PANEL	$ 132.24		$ 121.80		$ 208.80	$ 348.00
15	LAB TEST - BLOOD DRAW	$ 11.78		$ 10.85		$ 18.60	$ 31.00
16	LAB TEST - CBC WITH DIFFERENTIAL	$ 43.70		$ 40.25		$ 69.00	$ 115.00
17	LAB TEST - CBC	$ 22.42		$ 20.65		$ 35.40	$ 59.00
18	LAB TEST - COMPREHENSIVE METABOLIC PANEL	$ 236.74		$ 218.05		$ 373.80	$ 623.00
19	LAB TEST - HEMOGLOBIN	$ 16.72		$ 15.40		$ 26.40	$ 44.00
20	LAB TEST - HEMOGLOBIN A1C	$ 22.42		$ 20.65		$ 35.40	$ 59.00
21	LAB TEST - LIPID PANEL	$ 52.06		$ 47.95		$ 82.20	$ 137.00
22	LAB TEST - PROTHOMBIN TIME	$ 18.62		$ 17.15		$ 29.40	$ 49.00
23	LAB TEST - THYROID STIMULATING HORMONE	$ 44.08		$ 40.60		$ 69.60	$ 116.00
24	LAB TEST - URINALYSIS COMPLETE	$ 38.00		$ 35.00		$ 60.00	$ 100.00
25	LAB TEST - URINE CULTURE	$ 30.40		$ 28.00		$ 48.00	$ 80.00
26	COMPLEX E/M ADD ON	$ 31.54		$ 29.05		$ 49.80	$ 83.00

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.

Notes:

Due to the Rural Health Clinic (RHC) status for Welia Health Pine City and Welia Health Hinckley Clinics, Medicare and Medicaid pay cost-

	Medicare Payment	Medicaid Payment
Welia Health - Pine City Clinic	$ 249.40	$ 273.44
Welia Health - Hinckley Clinic	$ 257.26	$ 273.44

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.

Charges represent the standard amount a clinic bills for a service. For most patients, clinics get paid an amount well below the listed charge.

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

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 the Welia Health business office at 320-225-3340.