

Understanding the Cost of Care

Help Is Available

To get accurate information about what you will pay for medical services, contact your health insurance provider. Refer to your insurance card for the best number to call.

You can also contact Gundersen for an estimate of out-of-pocket costs for services at (608) 775-8660, toll-free at (800) 362-9567, ext. 58660 or by emailing revenuecycle-billing-inbox@gundersenhealth.org.

Financial Assistance

We can provide you and your family financial assistance for medical expenses if you qualify. Call us at (608) 775-8660 or (800) 362-9567, ext. 58660, Monday through Friday, 7:30 a.m. to 5:30 p.m. You can find more information at gundersenhealth.org/pay-my-bill/financial-assistance.

Gundersen is sharing our top 25 commonly billed clinic services over \$25.

From left to right, you will see:

- Charge for patients without insurance*
- Average payment to Gundersen for patients with insurance
- Payment to Gundersen for Medicare patients
- Payment to Gundersen for Minnesota Medicaid patients

Clinic Service Descriptions	Uninsured Patient Charge	Average Insured Payment to Gundersen	Medicare Payment to Gundersen	Minnesota Medicaid Payment to Gundersen
99201 OFFICE OUTPATIENT VISIT, NEW; MINOR PROBLEM	\$56.12	\$96.84	\$44.13	\$35.15
99202 OFFICE OUTPATIENT VISIT, NEW; LOW SEVERITY	\$94.83	\$164.69	\$73.83	\$58.86
99203 OFFICE OUTPATIENT VISIT, NEW; MODERATE SEVERITY	\$135.72	\$234.25	\$104.31	\$82.86
99204 OFFICE OUTPATIENT VISIT, NEW; MODERATE TO HIGH SEVERITY	\$207.50	\$363.67	\$158.83	\$125.82
99205 OFFICE OUTPATIENT VISIT, NEW; HIGH SEVERITY	\$261.00	\$450.74	\$199.70	\$158.19
99211 NURSE ONLY VISIT	\$27.41	\$41.31	\$22.13	\$17.57
99212 OFFICE OUTPATIENT VISIT; MINOR PROBLEM	\$55.68	\$73.19	\$43.66	\$37.87
99213 OFFICE OUTPATIENT VISIT; LOW SEVERITY	\$92.66	\$137.03	\$72.04	\$57.19
99214 OFFICE OUTPATIENT VISIT; MODERATE SEVERITY	\$137.03	\$208.75	\$105.66	\$83.97
99215 OFFICE OUTPATIENT VISIT; HIGH SEVERITY	\$184.44	\$276.86	\$141.38	\$112.15
99385 PREVENTIVE MEDICINE EXAM, NEW PATIENT, 18-39 YRS	\$189.23	\$194.48	\$128.85	\$102.11
99391 PREVENTIVE MEDICINE EXAM, ESTABLISHED PATIENT, < 1 YR	\$143.12	\$235.81	\$97.62	\$77.56
99392 PREVENTIVE MEDICINE EXAM, ESTABLISHED PATIENT, 1 - 4 YRS	\$152.69	\$249.81	\$104.15	\$82.30
99393 PREVENTIVE MEDICINE EXAM, ESTABLISHED PATIENT, 5 - 11 YRS	\$152.25	\$252.83	\$103.81	\$82.30
99394 PREVENTIVE MEDICINE EXAM, ESTABLISHED PATIENT, 12-17 YRS	\$156.17	\$158.64	\$113.90	\$90.39
99395 PREVENTIVE MEDICINE EXAM, ESTABLISHED PATIENT, 18 - 39 YRS	\$170.96	\$278.82	\$116.39	\$92.34
99396 PREVENTIVE MEDICINE EXAM, ESTABLISHED PATIENT, 40 - 64 YRS	\$182.27	\$297.01	\$123.99	\$98.20
87880 LABORATORY/CHEMISTRY; SCREEN-B STREP GRP A	\$28.71	\$20.38	\$16.53	\$16.53
90471 IMMUNIZATION ADMINISTRATION; 1 VACCINE	\$65.25	\$89.94	\$16.25	\$12.83
90651 HPV, HUMAN PAPILOMAVIRUS VACCINE	\$150.95	\$166.38	Not Covered	\$217.14
90670 PNEUMOCOCCAL VACCINE, PCV13	\$131.81	\$118.38	Not Covered	\$215.33
90680 RV5, ROTAVIRUS VACCINE	\$63.08	\$79.31	Not Covered	Not Covered
90698 DTAP, DIPHTHERIA, PERTUSSIS AND TETANUS VACCINE	\$67.43	\$84.08	Not Covered	\$32.05
90715 TDAP, TETANUS, DIPHTHERIA AND PERTUSSIS VACCINE BOOSTER	\$32.19	\$41.78	Not Covered	\$32.05
96372 SUBCUTANEOUS OR INTRAMUSCULAR INJECTION	\$63.51	\$86.33	\$16.25	\$11.77

* List reflects 2019 prices; Uninsured patient charge is determined by utilizing a look back method described in Section 1.501R-5(b) (3) of the Internal Revenue Code