



Price Transparency

2026 Fee Schedule

901 3rd St N, Waite Park, MN 56387
(320) 217-8480 • www.RejuvMedical.com

Orthopedics • Functional Medicine • Physical Therapy • Mental Health

IMPORTANT NOTICES

- The services listed represent our most commonly billed procedures and are not an all-inclusive list.
- The amounts listed DO NOT reflect the amount each patient will owe. Contact your insurer for benefit-specific information.
- Charges represent the standard amount billed. For many patients, the amount paid is less than the listed charge.
- Patients paying out-of-pocket or without insurance: your estimated cost is reflected in the Average Commercial Reimbursement column.
- Patients with Medicare or Medical Assistance: Payment rates reflect amounts set by Medicare or the MN Department of Human Services, not the clinic. These rates do not reflect your copayment.
- It is common for more than one service to be performed during a single appointment visit. Each service is billed separately, and your total will reflect all services provided.
- Laboratory tests ordered by Rejuv Medical providers are sent to Quest Diagnosis for processing and the billing of insurance. For lab pricing, contact Quest Diagnostics at 866-697-8378. For lab coverage, contact your insurance plan.
- For questions, call us at (320) 217-8480 or send a secure message through the AthenaPatient portal app.

OFFICE VISITS

Office Visits

Applies to in-person, telehealth, and telephone visits.

Service Description	Clinic Charge	Avg. Commercial Reimbursement	Medicare Reimbursement	MN Medical Assistance
New patient office visit, level 3	\$346.53	\$207.92	\$115.51	\$90.52
New patient office visit, level 4	\$522.33	\$313.40	\$174.11	\$136.71
New patient office visit, level 5	\$694.44	\$416.66	\$231.48	\$181.84
Established patient office visit, level 3	\$283.47	\$170.08	\$94.49	\$73.99
Established patient office visit, level 4	\$402.75	\$241.65	\$134.25	\$105.22
Established patient office visit, level 5	\$570.33	\$342.20	\$190.11	\$149.30

INJECTIONS & PROCEDURES

Injections and Procedures

Per side (unilateral). Both sides billed separately. Imaging guidance billed separately; see Imaging section.

Service Description	Clinic Charge	Avg. Commercial Reimbursement	Medicare Reimbursement	MN Medical Assistance
Joint or bursa injection, finger or toe	\$165.48	\$99.29	\$55.16	\$42.45
Joint or bursa injection, finger or toe - with ultrasound	\$258.51	\$155.11	\$86.17	\$66.12
Joint or bursa injection, wrist, elbow, or ankle	\$168.51	\$101.11	\$56.17	\$43.22
Joint or bursa injection, wrist, elbow, or ankle - with ultrasound	\$279.09	\$167.45	\$93.03	\$71.52
Joint or bursa injection, knee, hip, or shoulder	\$200.61	\$120.37	\$66.87	\$51.46
Joint or bursa injection, knee, hip, or shoulder - with ultrasound	\$308.31	\$184.99	\$102.77	\$78.99

Service Description	Clinic Charge	Avg. Commercial Reimbursement	Medicare Reimbursement	MN Medical Assistance
Joint or bursa injection, knee, hip, or shoulder - with ultrasound	\$308.31	\$184.99	\$102.77	\$78.99
Carpal tunnel injection	\$257.04	\$154.22	\$85.68	\$65.86
Tendon sheath or ligament injection	\$177.90	\$106.74	\$59.30	\$45.54
Trigger point injection, 1-2 muscles	\$152.82	\$91.69	\$50.94	\$39.10
Trigger point injection, 3 or more muscles	\$176.58	\$105.95	\$58.86	\$45.28
Sacroiliac joint injection	\$527.88	\$316.73	\$175.96	\$135.33
Facet joint injection, cervical or thoracic spine, 1 level	\$615.45	\$369.27	\$205.15	\$157.98
Facet joint injection, cervical or thoracic spine, 2nd level	\$303.12	\$181.87	\$101.04	\$77.70
Facet joint injection, cervical or thoracic spine, 3rd level	\$305.61	\$183.37	\$101.87	\$78.47
Facet joint injection, lumbar or sacral spine, 1 level	\$573.15	\$343.89	\$191.05	\$146.91
Facet joint injection, lumbar or sacral spine, 2nd level	\$287.19	\$172.31	\$95.73	\$73.58
Facet joint injection, lumbar or sacral spine, 3rd level	\$296.49	\$177.89	\$98.83	\$75.90
Epidural injection, cervical or thoracic spine, interlaminar	\$834.99	\$500.99	\$278.33	\$214.33
Epidural injection, lumbar or sacral spine, interlaminar	\$825.84	\$495.50	\$275.28	\$212.01
Epidural injection, cervical or thoracic spine, transforaminal	\$859.38	\$515.63	\$286.46	\$220.50
Epidural injection, lumbar or sacral spine, transforaminal	\$799.80	\$479.88	\$266.60	\$205.32
Nerve block, trigeminal nerve	\$358.80	\$215.28	\$119.60	\$92.11
Nerve block, greater occipital nerve	\$225.24	\$135.14	\$75.08	\$57.63
Nerve block, brachial plexus or supraclavicular nerve	\$465.36	\$279.22	\$155.12	\$119.38
Nerve block, axillary nerve	\$562.08	\$337.25	\$187.36	\$143.83
Nerve block, suprascapular nerve	\$266.16	\$159.70	\$88.72	\$68.18
Nerve block, intercostal nerve, single level	\$318.21	\$190.93	\$106.07	\$81.30
Nerve block, intercostal nerve, each additional level	\$103.17	\$61.90	\$34.39	\$26.24
Nerve block, ilioinguinal or iliohypogastric nerve	\$363.78	\$218.27	\$121.26	\$93.39
Nerve block, pudendal nerve	\$285.00	\$171.00	\$95.00	\$73.07
Nerve block, sciatic nerve	\$520.17	\$312.10	\$173.39	\$133.53
Nerve block, femoral nerve	\$401.88	\$241.13	\$133.96	\$103.17
Nerve block, peripheral nerve (radial, cluneal, or other)	\$242.25	\$145.35	\$80.75	\$62.00
Nerve block, nerves to sacroiliac joint	\$731.91	\$439.15	\$243.97	\$187.57
Nerve block, genicular nerves, knee	\$712.05	\$427.23	\$237.35	\$182.42
Nerve block, plantar nerve or Morton's neuroma	\$147.39	\$88.43	\$49.13	\$37.82
Nerve block, fascial plane, thoracic	\$423.69	\$254.21	\$141.23	\$108.58
Nerve block, fascial plane, lower extremity	\$402.90	\$241.74	\$134.30	\$103.43
Nerve block, sphenopalatine ganglion	\$432.21	\$259.33	\$144.07	\$110.89
Nerve block, lumbar or thoracic sympathetic nerve	\$734.88	\$440.93	\$244.96	\$188.60

HYALURONIC ACID**Injectable Drugs: Hyaluronic Acid**

Per session, per side. Bilateral treatment billed at twice the listed price. Typically delivered as a series.

Service Description	Clinic Charge	Avg. Commercial Reimbursement	Medicare Reimbursement	MN Medical Assistance
Hyaluronic acid - Supartz (per injection session)	\$223.29	\$133.97	\$74.43	\$74.43
Hyaluronic acid - Euflexxa (per injection session)	\$316.74	\$190.04	\$105.58	\$121.31
Hyaluronic acid - Orthovisc (per injection session)	\$327.27	\$196.36	\$109.09	\$122.91

IMAGING**Imaging**

Per side (unilateral). Imaging guidance (ultrasound or fluoroscopy) used for precise needle placement is billed separately from the injection.

Service Description	Clinic Charge	Avg. Commercial Reimbursement	Medicare Reimbursement	MN Medical Assistance
X-ray, cervical spine, 2-3 views	\$120.63	\$72.38	\$40.21	\$30.87
X-ray, cervical spine, 4-5 views	\$167.16	\$100.30	\$55.72	\$42.71
X-ray, thoracic spine, 2 views	\$100.02	\$60.01	\$33.34	\$25.47
X-ray, lumbar spine, 2-3 views	\$121.65	\$72.99	\$40.55	\$31.39
X-ray, lumbar spine, 4 or more views	\$162.03	\$97.22	\$54.01	\$41.42
X-ray, pelvis	\$84.66	\$50.80	\$28.22	\$21.61
X-ray, shoulder	\$108.33	\$65.00	\$36.11	\$27.78
X-ray, elbow	\$100.11	\$60.07	\$33.37	\$25.47
X-ray, wrist	\$130.02	\$78.01	\$43.34	\$33.19
X-ray, hand	\$116.61	\$69.97	\$38.87	\$29.58
X-ray, hip	\$148.47	\$89.08	\$49.49	\$38.08
X-ray, knee	\$128.97	\$77.38	\$42.99	\$32.93
X-ray, ankle	\$112.50	\$67.50	\$37.50	\$28.81
X-ray, foot	\$103.20	\$61.92	\$34.40	\$26.24
Diagnostic ultrasound, limited area	\$192.36	\$115.42	\$64.12	\$49.14
Imaging guidance, ultrasound	\$193.14	\$115.88	\$64.38	\$49.40
Imaging guidance, fluoroscopy / X-ray	\$369.81	\$221.89	\$123.27	\$94.94

BRACING & ORTHOTICS**Bracing and Orthotics**

Per item. Coverage and patient cost vary by plan and medical necessity determination.

Service Description	Clinic Charge	Avg. Commercial Reimbursement	Medicare Reimbursement	MN Medical Assistance
Lumbar back brace	\$939.21	\$563.53	\$313.07	\$313.07
Lumbar/sacral back brace	\$2,713.98	\$1,628.39	\$904.66	\$904.66
Knee brace, elastic with pads and joints	\$523.95	\$314.37	\$174.65	\$174.65
Knee brace, single upright	\$1,987.86	\$1,192.72	\$662.62	\$662.62
Ankle/foot brace	\$275.19	\$165.11	\$91.73	\$91.73
Custom foot orthotic insert	\$595.44	\$357.26	\$198.48	\$198.48

PHYSICAL THERAPY**Physical Therapy**

Service Description	Clinic Charge	Avg. Commercial Reimbursement	Medicare Reimbursement	MN Medical Assistance
Physical therapy evaluation, initial evaluation	\$297.93	\$178.76	\$99.31	\$76.16
Physical therapy re-evaluation, established	\$204.75	\$122.85	\$68.25	\$52.48
Mechanical traction therapy	\$42.90	\$25.74	\$14.30	\$10.80
Electric stimulation therapy	\$68.64	\$41.18	\$22.88	\$9.52
Vasopneumatic device therapy	\$35.85	\$21.51	\$11.95	\$9.00
Electric current therapy	\$57.27	\$34.36	\$19.09	\$14.66
Ultrasound therapy	\$42.99	\$25.79	\$14.33	\$10.80
Therapeutic exercises	\$87.66	\$52.60	\$29.22	\$22.38
Neuromuscular reeducation	\$98.85	\$59.31	\$32.95	\$25.21
Gait training therapy	\$87.66	\$52.60	\$29.22	\$22.38
Manual therapy	\$83.61	\$50.17	\$27.87	\$21.35
Therapeutic activities	\$106.26	\$63.76	\$35.42	\$27.27
Self-care management training	\$97.98	\$58.79	\$32.66	\$24.95

MENTAL HEALTH**Mental Health**

Service Description	Clinic Charge	Avg. Commercial Reimbursement	Medicare Reimbursement	MN Medical Assistance
Initial counseling intake evaluation	\$391.89	\$235.13	\$130.63	\$144.44
Individual counseling session	\$377.32	\$226.40	\$125.78	\$139.17

Sources: Clinic charges — Rejuv Medical fee schedule. Average commercial reimbursement — payer data. Medicare reimbursement — CMS Medicare Physician Fee Schedule, Minnesota jurisdiction. MN Medical Assistance — MN DHS Fee Schedule.