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Self-Pay Estimate

Code	Description	Cost	Cost after self pay discount
99205	Initial Visit - New Patient	\$537.00	\$456.45
96127	Brief Emotional.Behavioral Assessment x6	\$72.00	\$61.20
36415	Venipuncture x3	\$45.00	\$38.25
59400	Maternity Care	\$5,700.00	\$4,845.00
76805	20 wk Ultrasound	\$410.00	\$348.50
59409,SG	Facility Fee for Birthing Person	\$7,410.00	\$5,000.00
S9443	Lactation/feeding education at home visit	\$46.00	\$39.10
99401	Lactation/feeding education at 1st PP visit	\$100.00	\$85.00
99401	Lactation/contraceptive preventive care at 6w	\$100.00	\$85.00
	Subtotal for Birthing Person	\$14,420.00	\$10,958.50
99463	Newborn Care and Discharge same day	\$310.00	\$263.50
J3430	Vitamin K Injection	\$25.00	\$21.25
99463,SG	Facility Fee for Newborn	\$3,100.00	\$2,000.00
99212	Newborn Home Visit - CNM check in	\$140.00	\$119.00
88720	Bilirubin	\$27.00	\$22.95
36416	Heel stick (Capillary blood specimen)	\$6.00	\$5.10
92558	Hearing Screen	\$120.00	\$102.00
S3620	Metabolic Screening	\$245.00	\$240.00
	Subtotal for Baby	\$3,973.00	\$2,773.80
	TOTAL ESTIMATED COST	\$18,393.00	\$13,732.30

Updated 7/28/2025

PLEASE NOTE: This estimate does NOT include lactation support. Lactation visits are billed based on the length of the visit and are divided between the lactating person and the baby. Costs range from \$100-\$350 for visits ranging from 10 mins to 1 hour.

This is an estimate. Your balance may be greater than estimated. This estimate does not include hospital or laboratory fees.