

Provider: Bibb Medical Center
TIN: 63-6005283
Effective: 9/19/2012

208 Pierson Avenue
Centreville, AL 35042
(205)926-4881

Hospital agrees to accept the following rates as payment in full for services provided:

- I. **Inpatient Services:** A rate equal to 95% of the rate extended to the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and the individual Hospital in effect at the date of discharge. The calculation for the AlaMed inpatient rate shall be inclusive of all methods of calculation in the Hospital's inpatient state fee schedule, including but not limited to the stop-loss provisions in the event the state fee schedule includes a stop-loss.*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at cost + 10% and Hospital shall furnish the invoice with its bill. If the aggregate charge for the implants is less than \$500.00, no invoice will need to be provided and will be paid at a rate of cost + 10%. If the aggregate charge for the implants is greater than \$500.00, an invoice will be provided and will be reimbursed at a rate of cost + 10%. The cost will include the cost of shipping and taxes associated with the implant.

- II. **Outpatient Services Not Covered in Paragraphs III and IV below:** A rate equal to 95% of the rate extended to the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and the individual Hospital in effect at the date of discharge.*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at cost + 10% and Hospital shall furnish the invoice with its bill. If the aggregate charge for the implants is less than \$500.00, no invoice will need to be provided and will be paid at a rate of cost + 10%. If the aggregate charge for the implants is greater than \$500.00, an invoice will be provided and will be reimbursed at a rate of cost + 10%. The cost will include the cost of shipping and taxes associated with the implant.

- III. **Outpatient Physical Therapy:** A rate equal to 95% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.
- IV. **Physician Clinics and Services:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed for the lesser of billed charges or a rate equal to 95% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.

*Note: To calculate the AlaMed rate, first calculate the state rate and then apply the applicable discount.