

Provider: ADIN Healthcare, Inc.

TIN: 26-1285527

Effective: 7/1/2012

761 Old Hickory Boulevard, Suite 300

Brentwood, TN 37027

(866)674-6728

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

Description	Reimbursement
MRI	
MRI, Without Contrast	\$525.00
MRI, With Contrast	\$525.00
MRI, With/Without Contrast	\$700.00
CT	
CT, Without Contrast	\$250.00
CT, With Contrast	\$275.00
CT, With/Without Contrast	\$325.00

For all other services, treatments, supplies, expenses, or other charges, Provider will be reimbursed at a rate of 90% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.