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

I. **MRI Services:** For all services, treatments, supplies, expenses, or other charges, provider will be reimbursed for the lesser of billed charges or the following rates:

	MRI		
State	Without Contrast	With Contrast	Without/With Contrast
Alabama	\$500	\$550	\$650

II. **Diagnostic Services:** For all other services, Provider will be reimbursed at a rate of 85% of the State of Alabama Department of Labor (DOL) Workers' Compensation fee schedule.