

Provider: Select Specialty Hospital  
TIN: 25-1813128  
Effective: 8/24/2013

2010 Brookwood Medical Center Drive  
Birmingham, AL 35209  
(205)547-4700

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

For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed at the following Per Diem rates:

<b>Length of Hospitalization</b>	<b>Per Diem</b>
1 Day	\$1,800.00
2 Days	\$1,800.00
3 Days or more	\$1,675.00

\*\* Stop-Loss: When charges exceed \$93,000, reimbursement will convert to 70% of billed charges.