

Provider: Red Bay Hospital
TIN: 63-0288825
Effective: 1/1/2012

211 Hospital Road
Red Bay, AL 35582
(256)386-8160

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

- I. **Inpatient Services:** A rate equal to 85% of the rate extended to the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and Hospital in effect at the date of discharge. The calculation for the AlaMed inpatient rate shall be inclusive of all methods of calculation in Hospital inpatient state fee, including but not limited to the stop-loss provisions in the event the state fee includes a stop-loss*.

Hardware, implants and prosthesis shall be paid additionally at acquisition cost plus 5% and Hospital shall furnish the invoice with its bill.

- II. **Outpatient Services:** A rate equal to 90% of the rate extended to the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and Hospital in effect at the date of discharge.

Hardware, implants and prosthesis shall be paid additionally at acquisition cost plus 5% and Hospital shall furnish the invoice with its bill.

- III. **Outpatient Physical Therapy:** A rate equal to 85% 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 the lesser of billed charges or 85% 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.