

Provider: Marshall Medical Center South  
TIN: 63-6004458  
Effective: 10/1/1999

2505 Highway 431  
Boaz, AL 35957  
(256)593-8310

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

- I. **Inpatient 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 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.\*
- II. **Outpatient Services Not Provided in Paragraphs III or 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.\*
- III. **Physician Services:** A rate equal to 103% of the BlueCross BlueShield of Alabama Preferred Medical Doctor (PMD) fee schedule.
- IV. **Diagnostic Services:** For services provided at Marshall Imaging Center, a rate equal to 103% of the BlueCross BlueShield of Alabama Preferred Medical Doctor (PMD) fee schedule.

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