

Provider: Clay County Hospital
TIN: 63-6002184
Effective: 9/10/2014

83825 Highway 9
Ashland, AL 36251
(256)354-2131

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

- I. **Inpatient Services:** A rate equal to 92% 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 AlaMed in patient rate shall be inclusive of a stop-loss provision of \$20,000. When total charges exceed \$20,000, reimbursement will convert to 75% of billed charges.

Medical devices listed under revenue codes 274, 275, 276 or 278 for inpatient and outpatient services shall be paid additionally at cost + 15%.

- II. **Outpatient Services:** A rate equal to 92% 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.*

Medical devices listed under revenue codes 274, 275, 276 or 278 for inpatient and outpatient services shall be paid additionally at cost + 15%

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