

Provider: Lake Martin Community Hospital
TIN: 63-1282722
Effective: 10/10/2014

201 Mariarden Road
Dadeville, AL 36853
(256)825-7821

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

- I. **Inpatient Services:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed for the lesser of billed charges or a fee equal to 85% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule at the effective date of discharge.*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at a rate of 55% of billed charges and Hospital shall furnish an invoice with its bill.

- II. **Outpatient Services:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed for the lesser of billed charges or a fee equal to 90% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at a rate of 55% of billed charges and Hospital shall furnish an invoice with its bill.

- III. **Emergency Room Services:** Hospital will be reimbursed a global fee of \$1,000.00 per visit, to include all charges related to Hospital services, including but not limited to: E.R., diagnostics, lab, and other charges. Charges made by physicians are not included, as they are billed directly by other parties.

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