

Provider: Baptist Hospital
TIN: 59-0657322
Effective: 1/5/2015

1000 West Moreno Street
Pensacola, FL 32501
(850)434-4011

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 at a rate equal to 95% of the State of Florida Division of Workers' Compensation (DWC) fee schedule at the effective date of discharge. The calculation for the AlaMed inpatient rate shall be inclusive of all methods of calculation in the AlaMed 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 covered in Paragraph III below:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed at a rate equal to 95% of the State of Florida Division of Workers' Compensation (DWC) fee schedule.*
- III. **Ancillaries and Off Site Clinics:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed at a rate equal to 95% of the State of Florida Division of Workers' Compensation (DWC) fee schedule.

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