

Provider: Northwest Medical Center
TIN: 30-0109981
Effective: 2/12/2015

1530 Highway 43
Winfield, AL 35594
(205)487-7700

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 rate equal to 96% of the State of Alabama Department of Labor (DOL) workers' compensation 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 Hospital's inpatient state fee, including but not limited to the stop-loss provisions in the event the state fee includes a stop-loss*.

Medical devices listed under revenue codes 274, 275, 276 or 278 for inpatient and outpatient services shall be paid additionally at cost + 20% and Hospital will include the invoice with its bill. These medical device rates do not include any physician fees unless billed by the Hospital.

- II. **Outpatient Services:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed for the lesser of billed charges or a rate equal to 85% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule at the effective date of discharge. The calculation for the AlaMed outpatient rate shall be inclusive of all methods of calculation in the Hospital's outpatient state fee, including but not limited to the stop-loss provisions in the event the state fee includes a stop-loss*.

Medical devices listed under revenue codes 274, 275, 276 or 278 for inpatient and outpatient services shall be paid additionally at cost + 20% and Hospital will include the invoice with its bill. These medical device rates do not include any physician fees unless billed by the Hospital.

- III. **Outpatient Diagnostics:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed for the lesser of billed charges or a rate equal to the following:

Description	Rate
MRI	
MRI, without contrast	\$600.00
MRI, with contrast	\$650.00
MRI, with/without contrast	\$750.00
CT	
CT, without contrast	\$350.00
CT, with contrast	\$400.00
CT, with/without contrast	\$500.00

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