

Provider: West Georgia Medical Center  
TIN: 20-5497506  
Effective: 7/15/2015

1514 Vernon Road  
LaGrange, GA 30240  
(706)882-1411

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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 99% of the rate extended to the State of the State of Georgia Board of Workers' Compensation fee schedule. 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.\*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at cost + 15% and Hospital shall furnish an invoice with its bill.

High Cost Drugs listed under revenue code 636 shall be paid additionally at a rate of 90% of Hospital's standard billed charge.

- 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 89% of the rate extended to the State of Georgia Board of Workers' Compensation fee schedule.\*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at cost + 15% and Hospital shall furnish an invoice with its bill.

High Cost Drugs listed under revenue code shall be paid additionally at a rate of 90% of Hospital's standard billed charge.

- III. **Physician Services:** For all services, treatments, supplies, expenses, or other charges, for which the Hospital bills, Hospital will be reimbursed for the lesser of billed charges or a rate equal to 98% of the State of Georgia Board of Workers' Compensation fee schedule.

AlaMed shall reimburse at a rate equal to 90% of Hospital's standard billed charge for services that have not been assigned a rate or are identified as Not Priced (NP) in the State of Georgia Board of Workers' Compensation fee schedule.

High Cost Drugs listed under revenue code 636 shall be paid additionally at a rate of 90% of Hospital's standard billed charge.

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