

Provider: D.W. McMillan Memorial Hospital
TIN: 63-6000288
Effective: 1/19/2016

1301 Belleville Avenue
Brewton, AL 36426
(251)867-8061

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 90% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule at the effective date of discharge.* The AlaMed inpatient rate shall be inclusive of a stop-loss provision of \$20,000, in the event the case exceeds the total allowable charges.

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

- 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 90% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule at the effective date of discharge.* The AlaMed inpatient rate shall be inclusive of a stop-loss provision of \$20,000, in the event the case exceeds the total allowable charges.

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

- III. **Physician 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 106% of the BlueCross BlueShield of Alabama Preferred Medical Doctor (PMD) fee schedule.

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