

Provider: HH Health System – Athens Limestone, LLC
TIN: 47-5531420
Effective: 01/01/2016

700 West Market Street
Athens, AL 35611
(256)233-9292

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

- I. **Inpatient Services:** A rate equal to 85% of the rate extended to the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and the individual Hospital in effect at the date of discharge.* If the total per diem AlaMed rate of reimbursement is less than the product of 50% the total charges, then the payment shall be the product of 50% times the total charges; in the event that the Hospital includes a stop-loss provision in its DOL rate in the future, then this sentence and provision shall be void and of no effect at the time of implementation of the DOL stop-loss provision.

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

Rates do not include any Physician fees unless billed by the Hospital.

- II. **Outpatient Services:** A rate equal to 90% of the rate extended to the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and the individual Hospital in effect at the date of discharge.*

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

Rates do not include any Physician fees unless billed by the Hospital.

- III. **Clinics:** For all physician services, treatments, supplies, expenses, or other charges, Provider will be reimbursed for the lesser of billed charges or a rate equal to 103% of the BlueCross BlueShield of Alabama Preferred Medical Doctor (PMD) fee schedule.
- IV. **Outpatient Physical Therapy:** For all services, treatments, supplies, expenses, or other charges, Provider 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.

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