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

| Description                | Reimbursement |
|----------------------------|---------------|
| MRI                        |               |
| MRI, Without Contrast      | \$472.00      |
| MRI, With Contrast         | \$472.00      |
| MRI, With/Without Contrast | \$630.00      |
| СТ                         |               |
| CT, Without Contrast       | \$216.00      |
| CT, With Contrast          | \$225.00      |
| CT, With/Without Contrast  | \$270.00      |