

Provider: Fast360  
TIN: 46-0926698  
Effective: 01/01/2017

300 Crown Colony Drive, Ste 203  
Quincy, MA 02169  
(866)674-6728

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

Description	Reimbursement
<b>MRI</b>	
MRI, Without Contrast	\$525.00
MRI, With Contrast	\$525.00
MRI, With/Without Contrast	\$700.00
<b>CT</b>	
CT, Without Contrast	\$250.00
CT, With Contrast	\$275.00
CT, With/Without Contrast	\$325.00

For all other services, treatments, supplies, expenses, or other charges, Provider will be reimbursed at a rate of 90% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.