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

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.

Medical devices listed under revenue codes 274, 275, 276, or 278 costing more than 200.00 shall be paid additionally at cost + 5%.