

Provider: Columbus Diagnostic Center, Inc.  
TIN: 58-2100288  
Effective: 05/25/2017

2040 10<sup>th</sup> Avenue  
Columbus, GA 31901  
(706) 322-3000

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

Description	Reimbursement
<b>MRI</b>	
MRI, Without Contrast	\$472.00
MRI, With Contrast	\$472.00
MRI, With/Without Contrast	\$630.00
<b>CT</b>	
CT, Without Contrast	\$216.00
CT, With Contrast	\$225.00
CT, With/Without Contrast	\$270.00