

Provider: Tower Imaging
TIN: 63-0587021
Effective: 05/09/2017

1022 1st Street North
Alabaster, AL 35007
(205) 621-3930

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

Description	Reimbursement
MRI	
MRI, Without Contrast	\$446.00
MRI, With Contrast	\$446.00
MRI, With/Without Contrast	\$595.00
CT	
CT, Without Contrast	\$255.00
CT, With Contrast	\$255.00
CT, With/Without Contrast	\$255.00

For all services, treatments, supplies, expenses, or other charges provided by the PROVIDER at a location other than their own facility, PROVIDER will be reimbursed for the lesser of billed charges or a fee equal to 85% of the State of Alabama Department of Labor workers' compensation fee schedule.