

Provider: ImageSouth Shelby
TIN: 65-1128122
Effective: 04/20/2017

224 1st Street North, Suite 150
Alabaster, AL 35007
(205) 663-4674

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
CT	
CT, Without Contrast	\$216.00
CT, With Contrast	\$225.00
CT, With/Without Contrast	\$270.00

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.