

Provider: St. Vincent's One Nineteen Diagnostic Imaging  
TIN: 81-5393966  
Effective: 05/18/2018

7191 Cahaba Valley Road  
Birmingham, AL 35242  
(205) 408-6600

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

Description	Reimbursement
<b>MRI</b>	
MRI, Without Contrast	\$446.00
MRI, With Contrast	\$446.00
MRI, With/Without Contrast	\$595.00
<b>CT</b>	
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.