

Provider: Alabama Orthopaedic Clinic, PC  
TIN: 63-1174582  
Effective: 06/26/2018

3610 Springhill Memorial Drive North  
Mobile, AL 36608  
(251) 410-3600

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

Physician Services: For all treatments, supplies, expenses, or other charges PROVIDER will be reimbursed for the lesser of billed charges or a fee equal to 85% of the State of Alabama Department of Labor (DOL) fee schedule.

Outpatient Physical Therapy: For all treatments, supplies, expenses, or other charges PROVIDER will be reimbursed for the lesser of billed charges or a fee equal to 85% of the State of Alabama Department of Labor (DOL) fee schedule.

Diagnostic Services: PROVIDER accepts the rates below as payment in full.

| Description                | Reimbursement |
|----------------------------|---------------|
| <b>MRI</b>                 |               |
| MRI, Without Contrast      | \$500.00      |
| MRI, With Contrast         | \$500.00      |
| MRI, With/Without Contrast | \$625.00      |