

Provider: The Radiology Clinic
TIN: 63-0313602
Effective: 07/27/2018

208 McFarland Circle North
Tuscaloosa, AL 35406
(205) 345-7000

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

Description	Reimbursement
MRI	
MRI, Without Contrast	\$500.00
MRI, With Contrast	\$550.00
MRI, With/Without Contrast	\$600.00
CT	
CT, Without Contrast	\$250.00
CT, With Contrast	\$295.00
CT, With/Without Contrast	\$350.00

For all other services, treatments, supplies, expenses, or other charges PROVIDER will be reimbursed for the lesser of billed charges or a fee equal to 80% of the State of Alabama Department of Labor workers' compensation fee schedule.