

Provider: Fort Payne Imaging
TIN: 20-3489996
Effective: 09/17/2018

1110 Glenn Boulevard SW, Suite 100
Fort Payne, AL 35967
(256) 845-9402

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

Description	Reimbursement
MRI	
MRI, Without Contrast	\$450.00
MRI, With Contrast	\$450.00
MRI, With/Without Contrast	\$600.00
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 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.