

Provider: IMI Radiology
TIN: 47-2248732
Effective: 09/17/2018

7100 University Court
Montgomery, AL 36117
(334) 271-1345

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.