

Provider: Dothan Diagnostic Imaging
TIN: 47-3296778
Effective: 09/17/2018

2240 W Main Street
Dothan, AL 36301
(334) 792-1525

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.