

Provider: Coastal Neurological Institute

TIN: 63-0782200

Effective: 02/06/2019

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

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

For all services, treatments, supplies, expenses, or other charges provided by the PROVIDER at a location other than their own facility, PROVIDER will be reimbursed for the lesser of billed charges or a fee equal to 90% of the State of Alabama Department of Labor workers' compensation fee schedule.