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

All brain injuries and spinal cord injuries PROVIDER will be reimbursed for the lesser of billed charges or a fee equal to \$800 for a full day and \$400 for a half day.

All Neuropsychological testing PROVIDER will be reimbursed for the lesser of billed charges or a fee equal to \$2,500. CPT Codes Include: 96116, 96121, 96118, 96132, 96136, 96133, 96137, 96119, 96139, 96146, 96156, 96158, 96159, 96164, 96165, 96167, 96168

All other services, treatments, supplies, expenses, or other charges, PROVIDER will be reimbursed for the lesser of billed charges or a fee equal to 93% of the State of Florida Department of Labor workers' compensation fee schedule.