

Provider: Advanced Imaging of Gadsden
TIN: 20-0658774
Effective: 03/17/2020

820 South 4th Street
Gadsden, AL 35901
(256) 549-0008

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

Description	Reimbursement
MRI	
MRI, Without Contrast	\$475.00
MRI, With Contrast	\$475.00
MRI, With/Without Contrast	\$600.00
CT	
CT, Without Contrast	\$200.00
CT, With Contrast	\$225.00
CT, With/Without Contrast	\$275.00

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.