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

- For services NOT listed in Paragraph I / Exhibit A shown above, PROVIDER will be reimbursed for the lesser of billed charges or a fee equal to 90% of the State of Alabama Department of Labor (DOL) fee schedule.
- II. **Diagnostic Services: Effective 07/30/2018** PROVIDER will be reimbursed at the rates below as payment in full:

Diagnostic Services	
Description	Reimbursement
MRI	
MRI, Without Contrast	\$445.00
MRI, With Contrast	\$445.00
MRI, With/Without Contrast	\$595.00

EXHIBIT A Diagnostic Services

III. In House Dispensing: Effective 03/17/2020 - Provider acknowledges that the Payor may have an agreement for negotiated rates with a Pharmacy Benefits Manager (PBM). Provider agrees to honor and accept the rates of the Payor's PBM if the Provider administers or dispenses prescription medication (1) out of the Provider's office or (2) uses a mail order pharmacy to any of the Payer's patients/claimants. To the extent that Provider is involved in the administration and delivery of prescription medication, Provider shall comply with all federal and state laws relating thereto.