

Provider: Vestavia Diagnostic Center
TIN: 83-4034134
Effective: 04/30/2020

1021 Montgomery Highway
Vestavia Hills, AL 35216
(205) 949-1806

PROVIDER will be reimbursed at the following rates:

Description	Reimbursement
MRI	
MRI, without contrast	\$500.00
MRI, with contrast	\$525.00
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 other 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.