

Provider: University Orthopaedic Clinic
TIN: 63-0732734
Effective: 05/04/2020

305 Paul W. Bryant Drive East
Tuscaloosa, AL 35401
(205) 345-0192

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 other services, treatments, supplies, expenses, or other charges, 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.