

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

- I. **Inpatient Services:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed at a rate equal to 90% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule. The calculation for the AlaMed inpatient rate shall be inclusive of all methods of calculation in the AlaMed inpatient state fee schedule, including but not limited to the stop-loss provisions in the event the state fee schedule includes a stop-loss.*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at cost + 10% and Hospital shall furnish the invoice with its bill.

- II. **Outpatient Services not covered in Paragraph III below:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed at a rate equal to 90% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at cost + 10% and Hospital shall furnish the invoice with its bill.

- III. **Ancillaries and Off Site Clinics:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed at a rate equal to 90% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.

- IV. **Diagnostic Services:** For all services, treatments, supplies, expenses, or other charges, PROVIDER will be reimbursed for the following as payment in full:

Description	Reimbursement
MRI	
MRI, Without Contrast	\$446.00
MRI, With Contrast	\$446.00
MRI, With/Without Contrast	\$595.00
CT	
CT, Without Contrast	\$255.00
CT, With Contrast	\$255.00
CT, With/Without Contrast	\$255.00

*Note: To calculate the AlaMed rate, first calculate the state rate, and then apply the applicable discount.