Provider: Med Tech Imaging Center

TIN: 81-5350229 Effective: 01/20/2021 102 Medical Center Drive Prattville, AL 36066 (334) 358-1666

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      | \$500.00      |
| MRI, With Contrast         | \$550.00      |
| MRI, With/Without Contrast | \$600.00      |
| СТ                         |               |
| CT, Without Contrast       | \$250.00      |
| CT, With Contrast          | \$265.00      |
| CT, With/Without Contrast  | \$280.00      |

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 Alabama Department of Labor workers' compensation fee schedule. Reimbursement will not exceed the Alabama Department of Labor fee schedule.

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