

Provider: The Orthopaedic Group
TIN: 63-1187140
Effective: 02/08/2021

(251) 476-5050

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

Diagnostic Services:

Description	Reimbursement
MRI	
MRI, without contrast	\$525.00
MRI, with contrast	\$525.00
MRI, with/without contrast	\$700.00
CT	
CT, without contrast	\$250.00
CT, with contrast	\$275.00
CT, with/without contrast	\$325.00

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