

Provider: BioImaging of Huntsville
TIN: 63-1059888
Effective: 05/19/2021

528 Madison Street SE
Huntsville, AL 35801
(256) 533-3200

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	\$520.00
MRI, With/Without Contrast	\$600.00
CT	
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.