

Provider: University of South Alabama Medical Center
dba University Hospital
TIN: 63-0477348
Effective: 10/07/2021

2451 USA Medical Center Drive
Mobile, AL 36617
(251) 471-7000

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 85% 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 - IV below:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed at a rate equal to 85% 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. **Emergency Room Services:** for all services, treatments, supplies, expenses, or other charges related to Emergency Room Services, Hospital will be reimbursed a global fee of \$1,200 per visit to include all charges related to Hospital services.

- IV. **Diagnostic Services:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed as follows:

Description	Reimbursement
MRI	
MRI, without contrast	\$600.00
MRI, with contrast	\$675.00
MRI, with/without contrast	\$750.00
CT	
CT, without contrast	\$550.00
CT, with contrast	\$625.00
CT, with/without contrast	\$700.00