

Provider: The Decatur Orthopaedic Clinic
TIN: 63-0799912
Effective: 10/12/2021

1103 16th Avenue Southeast
Decatur, AL 35601
256-350-0362

**EXHIBIT A
PROVIDER FEE SCHEDULE**

Physician Services:

For all physician services, treatments, supplies, expenses, PROVIDER will be reimbursed for the lesser of billed charges or a fee equal to 90% of the State of Alabama Department of Labor workers' compensation fee schedule.

Physical Therapy:

For all physical therapy services, treatments, supplies, expenses, PROVIDER will be reimbursed for the lesser of billed charges or a fee equal to 85% of the State of Alabama Department of Labor workers' compensation fee schedule.

Diagnostic Services:

Description	Reimbursement
MRI	
MRI, without contrast	\$600.00
MRI, with contrast	\$650.00
MRI, with/without contrast	\$775.00