

Provider: Mobile Infirmiry
TIN: 63-0288856
Effective: 07/13/2022

5 Mobile Infirmiry Circle
Mobile, AL 36607
(251) 435-2400

Hospital agrees to accept the following rates as payment in full for hospital services provided to Clients' employees. (The rates herein are solely for hospital services and do not cover physician or other provider services, which services are separately provided and reimbursable by payer(s) to such physicians/other providers.)

- I. **Inpatient Services**: An amount equal to 82% of the rate provided in Hospital's Alabama Workers' Compensation Prevailing Reimbursement/Negotiated Participating Agreement ("State Fee"). The calculation for the AlaMed inpatient rate shall be inclusive of all methods of calculation in the Hospital's inpatient State fee, Including but not limited to the stop-loss provisions in the event that the State Fee includes a stop-loss provision. To calculate the AlaMed contract rate, first calculate the State fee, then pay 82% of the State fee.
- II. **Outpatient Services** (Except those "Non-Emergent Outpatient MRI Services" in III. Below): An amount equal to an "extra" 5% off of billed charges than that provided in the Hospital's Alabama Workers' Compensation Prevailing Reimbursement/Negotiated Participating Agreement ("State Fee"). For example, if the State fee is to pay 85% of billed charges, then the AlaMed contract rate is to pay 80% of billed charges.
- III. **Non-Emergent Outpatient MRI Services**:

MRI, without contrast	\$600.00 per scan
MRI, with contrast	\$675.00 per scan
MRI, with/without contrast	\$750.00 per scan