

Provider: Direct Pay Provider Network, LLC
TIN: 27-3151360
Effective: 08/28/2023

P.O. Box 1177
Fairhope, AL 36533
(866) 214-5920

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

Physical Therapy:

For all services, treatments, supplies, expenses, or other charges, PROVIDER will be reimbursed for the lesser of billed charges or a fee equal to \$130 per day or 90% of the Alabama Department of Labor workers' compensation fee schedule, whichever is less.

Work Hardening/Conditioning:

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.

FCE/Impairment Rating:

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.

Epidural Steroid Injections:

For all services, treatments, supplies, expenses, or other charges, PROVIDER will be reimbursed for the lesser of billed charges or a fee equal to 95% of the Alabama Department of Labor workers' compensation fee schedule.

Home Health:

For all services, treatments, supplies, expenses, or other charges, PROVIDER will be reimbursed for the lesser of billed charges or a fee equal to 95% of the Alabama Department of Labor workers' compensation fee schedule.

Skilled Nursing Facilities:

Reimbursement will be negotiated on a case-by-case basis with the adjuster managing the claim.

Diagnostics:

| Description | Reimbursement |
|----------------------------|---------------|
| MRI | |
| MRI, Without Contrast | \$550.00 |
| MRI, With Contrast | \$650.00 |
| MRI, With/Without Contrast | \$750.00 |
| CT | |
| CT, Without Contrast | \$270.00 |
| CT, With Contrast | \$310.00 |
| CT, With/Without Contrast | \$350.00 |