

Provider: Streamline Imaging, LLC  
TIN: 46-1312609 (DX) & 85-2636784 (PT)  
Effective: 09/18/2023

4651 Salisbury Road, Suite 250  
Jacksonville, FL 32256  
(855) 877-9292

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 related to physical therapy, 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.

**Diagnostics:**

Description	Reimbursement
<b>MRI</b>	
MRI, without contrast	\$598.00
MRI, with contrast	\$653.00
MRI, with/without contrast	\$905.00
<b>CT</b>	
CT, without contrast	\$300.00
CT, with contrast	\$322.00
CT, with/without contrast	\$345.00

All other diagnostic services 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.

Note: Reimbursement will not exceed the Alabama Department of Labor fee schedule.