

Provider: St. Vincent's Occupational Health Clinics
 TIN: 63-1129096
 Effective: 11/20/2023

1 Lakeshore Drive, Suite 301
 Birmingham, AL 35209
 205-930-2910

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

- I. **Physician Services:** For all services, treatments, supplies, expenses, or other charges, Provider will be reimbursed for the lesser of billed charges or a rate equal to 80% of the Alabama Department of Labor (DOL) fee schedule.
- II. **Physical and Occupational Therapy Services:** For all services, treatments, supplies, expenses, or other charges, Provider will be reimbursed for the lesser of billed charges or a rate equal to 85% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.

III. Diagnostic Services:

CPT Code	Description	Reimbursement
MRI, Without Contrast		
70336	MRI, temporomandibular joint(s)	\$525.00
70540	MRI, orbit, face and/or neck; without contrast	\$525.00
70551	MRI, brain (including brain stem); without contrast	\$525.00
71550	MRI, chest; without contrast	\$525.00
72141	MRI, spinal canal and contents, cervical; without contrast	\$525.00
72146	MRI, spinal canal and contents, thoracic; without contrast	\$525.00
72148	MRI, spinal canal and contents, lumbar; without contrast	\$525.00
72195	MRI, pelvis; without contrast	\$525.00
73218	MRI, upper extremity, other than joint; without contrast	\$525.00
73221	MRI, any joint of upper extremity; without contrast	\$525.00
73718	MRI, lower extremity, other than joint; without contrast	\$525.00
73721	MRI, any joint of lower extremity; without contrast	\$525.00
74181	MRI, abdomen; without contrast	\$525.00
75557	Cardiac MRI for morphology and function; without contrast	\$525.00
MRI, With Contrast		
70553	MRI, brain; with contrast	\$600.00
72142	MRI, spinal canal and contents, cervical; with contrast	\$600.00
72147	MRI, spinal canal and contents, thoracic; with contrast	\$600.00
72159	MRI, spinal canal and contents, lumbar; with contrast	\$600.00
MRI, With/Without Contrast		
70553	MRI, brain; with/without contrast	\$700.00
72156	MRI, spinal canal and contents, cervical; with/without contrast	\$700.00
72157	MRI, spinal canal and contents, thoracic; with/without contrast	\$700.00
72158	MRI, spinal canal and contents, lumbar; with/without contrast	\$700.00

Description	Reimbursement
CT	
CT, without contrast	\$225.00
CT, with contrast	\$250.00
CT, with/without contrast	\$275.00