

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

- I. **Inpatient Services:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed for the lesser of billed charges or a rate equal to 95% of the rate extended by the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and Highlands Medical Center at the effective date of discharge. The calculation for the AlaMed inpatient rate shall be inclusive of all methods of calculation in the Hospital's inpatient state fee schedule, including but not limited to the stop-loss provisions in the event the state fee schedule includes a stop-loss.\*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at cost + 15% and Hospital shall furnish the invoice with its bill.

- II. **Outpatient Surgical Services:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed for the lesser of billed charges or a rate equal to 95% of the rate extended by the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and Highlands Medical Center at the effective date of discharge.

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at cost + 15% and Hospital shall furnish the invoice with its bill.

- III. **Outpatient Services Not Included in Paragraphs III or IV below (Non-Surgical Services):** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed for the lesser of billed charges or a rate equal to 92% of the rate extended by the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and Highlands Medical Center at the effective date of discharge.

- IV. **Outpatient Physical Therapy and Rehabilitation:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed for the lesser of billed charges or a rate equal to 92% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.

- V. **Imaging Services:** For all services, treatments, supplies, expenses, or other charges, Provider will be reimbursed at the following rates:

Description	Reimbursement
<b>MRI</b>	
MRI, without contrast	\$750.00
MRI, with contrast	\$800.00
MRI, with/without contrast	\$900.00
<b>CT</b>	
CT, without contrast	\$550.00
CT, with contrast	\$600.00
CT, with/without contrast	\$700.00

\*Note: To calculate the AlaMed rate, first calculate the state rate and then apply the applicable discount.