

Provider Regional Medical Center of Central Alabama
TIN: 82-2445000
Effective: 05/30/2024

29 L.V. Stabler Drive
Greenville, AL 36037
(334)382-2671

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

- I. **Inpatient Services:** A rate equal to 85% of the rate extended to the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and the individual Hospital in effect at the 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 even the state fee schedule includes a stop-loss.*
- II. **Outpatient Services:** A rate equal to 90% of the rate extended to the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and the individual Hospital in effect at the date of discharge.*
- III. **Outpatient Physical Therapy:** A rate equal to 85% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.
- IV. **Physician Clinics and Services:** If billed by the Hospital, Provider will be reimbursed for the lesser of billed charges or a rate equal to 103% of the BlueCross BlueShield of Alabama Preferred Medical Doctor (PMD) fee schedule.
- V. **Outpatient Diagnostic Services:**

Description	Reimbursement
MRI	
MRI, without contrast	\$650.00
MRI, with contrast	\$750.00
MRI, with/without contrast	\$800.00
CT	
CT, without contrast	\$350.00
CT, with contrast	\$400.00
CT, with/without contrast	\$500.00

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