

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 fee equal to 95% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule at the effective date of discharge.\*

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

- II. **Outpatient Services:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed for the lesser of billed charges or a fee equal to 95% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.\*

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

- III. **Physician Services:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed for the lesser of billed charges or a fee equal to 95% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.

IV. **Diagnostic Services:**

Description	Reimbursement
<b>MRI</b>	
MRI, Without Contrast	\$500.00
MRI, With Contrast	\$525.00
MRI, With/Without Contrast	\$650.00
<b>CT</b>	
CT, Without Contrast	\$225.00
CT, With Contrast	\$250.00
CT, With/Without Contrast	\$275.00

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