

Provider: Medical West
TIN: 72-1608375
Effective: 1/1/2014

5000 Medical West Way
Bessemer, AL 35022
(205)481-7000

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

I. Inpatient Services: A rate equal to 85% of the State of Alabama Department of Labor (DOL) Workers' Compensation fee schedule pursuant to the Negotiated Participating Agreement between the DOL and The Healthcare Authority of Medical West 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, including, but not limited to, the stop-loss provisions in the event that the state fee includes a stop-loss.*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at 55% of billed charges if the charge for the device exceeds \$500; no added discounts apply. These medical device rates do not include any physician fees unless billed by the Hospital. All other orthopedic hardware, prosthesis and implants shall be paid additionally at 85% of billed charges, EXCEPT that rates do not include any physician fees unless billed by the Hospital.

II. Outpatient Services: A rate equal to 90% of the State of Alabama Department of Labor (DOL) Workers' Compensation fee schedule pursuant to the Negotiated Participating Agreement between the DOL and The Healthcare Authority of Medical West 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, including, but not limited to, the stop-loss provisions in the event that the state fee includes a stop-loss.*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at 55% of billed charges if the charge for the device exceeds \$500; no added discounts apply. These medical device rates do not include any physician fees unless billed by the Hospital. All other orthopedic hardware, prosthesis and implants shall be paid additionally at 85% of billed charges, EXCEPT that rates do not include any physician fees unless billed by the Hospital.

*Note: to determine the AlaMed rate, first consult the DOL fee schedule for Hospital, then apply the applicable AlaMed discount.