

Provider: American Health Imaging of Alabama, LLC
TIN: 63-1226975
Effective: 08/17/2017

8425 Wann Drive NW, Suite 100
Madison, AL 35758
(256) 581-0106

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

Description	Reimbursement
MRI	
MRI, Without Contrast	\$460.00
MRI, With Contrast	\$460.00
MRI, With/Without Contrast	\$650.00

PROVIDER agrees to accept a fee equal to 80% of the State of Alabama Department of Labor workers' compensation fee schedule for CT's with or without contrast.

For all services, treatments, supplies, expenses, or other charges provided by the PROVIDER at a location other than their own facility, PROVIDER will be reimbursed for the lesser of billed charges or a fee equal to 80% of the State of Alabama Department of Labor workers' compensation fee schedule.