

Provider: Decatur Ambulatory Surgery Center
TIN: 63-1066878
Effective: 10/14/2024

2828 Highway 31 South
Decatur, AL 35603
(256) 340-1212

Medical devices shall be paid additionally at Hospital's total cost + 10% (including shipping and taxes). If aggregate charges for implants are more than \$500 an invoice will be required. If the aggregate charges for implants are less than \$500 no invoice will be required.

For all other services, treatments, supplies, expenses, or other charges, PROVIDER will be reimbursed for the lesser of billed charges or a fee equal to 95% of the Alabama Department of Labor workers' compensation fee schedule. Reimbursement will not exceed the Alabama Department of Labor fee schedule.