

Provider: South Alabama Outpatient Services
TIN: 72-1376946
Effective: 01/15/2025

201 E Watts Street
Enterprise, AL 36330
(334) 393-5474

For all services, treatments, supplies, expenses, or other charges, PROVIDER will be reimbursed for the lesser of billed charges or a fee equal to 90% of the Alabama Department of Labor workers' compensation fee schedule. Reimbursement will not exceed the Alabama Department of Labor fee schedule.

Medical devices listed under revenue codes 274, 274, 276, or 278 shall be paid additionally at provider's total (including shipping and taxes) cost + 5%. If aggregate charges for implants are more than \$500 an invoice will be required. If aggregate charges for implants are less than \$500 no invoice will be required.