

Provider 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 rate equal to 85% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule 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 schedule, including but not limited to the stop-loss provisions in the event the state fee schedule includes a stop-loss.*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at a rate of cost + 5% and Hospital will include the 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 rate equal to 80% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule in effect at the date of discharge.*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at a rate of cost + 5% and Hospital will include the invoice with its bill.

- III. **Physical Therapy & Rehabilitation:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed for the lesser of billed charges or a rate equal to 90% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.

IV. **Diagnostic Services:**

| Description | Reimbursement |
|----------------------------|---------------|
| MRI | |
| MRI, without contrast | \$650.00 |
| MRI, with contrast | \$750.00 |
| MRI, with/without contrast | \$800.00 |
| CT | |
| CT, without contrast | \$350.00 |
| CT, with contrast | \$400.00 |
| CT, with/without contrast | \$500.00 |