

Provider: Decatur Morgan Hospital—Decatur General Campus
TIN: 63-6000260
Effective: 10/1/2000

1201 7th Street Southeast
Decatur, AL 35609
(256)341-2000

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

- I. **Inpatient Services:** A rate equal to 85% of the rate extended to the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and the individual Hospital 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 cost + 15% and Hospital shall furnish the invoice with its bill.

Rates do not include any Physician fees unless billed by the Hospital.

- II. **Outpatient Services:** A rate equal to 90% of the rate extended to the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and the individual Hospital in effect at the date of discharge.*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at cost + 15% and Hospital shall furnish the invoice with its bill.

Rates do not include any Physician fees unless billed by the Hospital.

- III. **Outpatient Physical Therapy:** A rate equal to 85% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.

*Note: To calculate the AlaMed rate, first calculate the state rate and then apply the applicable discount.