

Provider: DeKalb Regional Medical Center
TIN: 20-4370870
Effective: 12/1/2008

200 Medical Center Drive
Fort Payne, AL 35968
(256)845-3150

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

- I. **Inpatient 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. 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.*

- II. **Outpatient Services:** A rate equal to an "extra" 5% off billed charges than that provided in the Negotiated Participating Agreement between the State of Alabama Department of Labor (DOL) and the individual Hospital in effect at the date of discharge.* For example, if the DOL rate is to pay 90% of billed charges, then the AlaMed rate is to pay 85% of billed charges.

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