

Provider: Jackson Hospital  
TIN: 63-6001820  
Effective: 2/1/1998

1725 Pine Street  
Montgomery, AL 36106  
(334)293-8000

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

- I. **Inpatient Services:** A global per diem of to 85% of the State of Alabama Department of Labor (DOL) global per diem.

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.

- II. **Outpatient Services:** A rate equal to an “extra” 10% off of billed charges than that provided in the Negotiated Participating Agreement between the State of Alabama Department of Labor (DOL) and the individual Hospital at the effective date of discharge.\*For example, if the DOL rate is to pay 80% of billed charges, then the AlaMed rate is to pay 70% of billed charges.

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.

- III. **Emergency Room Services:** A rate equal to an “extra” 10% off of 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 80% of billed charges, then the AlaMed rate is to pay 70% of billed charges.

- IV. **Physician Services:** For all services, treatments, supplies, expenses, or other charges, Provider will be reimbursed at a rate equal to 90% 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.