

Provider: Jacksonville Medical Center
TIN: 62-1637909
Effective: 4/15/2002

1701 Pelham Road South
Jacksonville, AL 36265
(256)435-4970

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

- I. **Inpatient Services:** A rate equal to 80% 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 + 5% 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 in effect at the date of discharge.* For example, if the DOL rate is to pay 83% of billed charges, then the AlaMed rate is to pay 73% of billed charges.

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

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