

Provider: Mercy Medical  
TIN: 63-6002215  
Effective: 12/1/2008

Terminated: 6/30/2014

101 Villa Drive  
Daphne, AL 36256  
(251)621-4200

Provider agrees to accept the following rates 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 state 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. **Home Health:** For payment in full for the charges related to the certain procedures described below, Provider will be reimbursed at the following rates:

Service	Reimbursement
Skilled Nursing Care	\$103.85
Physical Therapy	\$109.95
Speech Therapy	\$119.74
Occupational Therapy	\$119.74
Medical Social Services	\$152.72
Home Health Aide	\$54.90

In addition to the skilled nursing care rate listed above, an additional \$7.63 per visit will be added to cover the cost of medical supplies. The claim form must specify if any and what medical supplies were utilized.

- III. **Private Duty:** For payment in full for the charges related to the certain procedures described below, Provider will be reimbursed at the following hourly rates:

Service	Reimbursement
Skilled Nursing Care, RN	\$47.47
Skilled Nursing Care, LPN	\$40.02
Certified Nurse Assistant	\$22.27
Sitter	\$14.85

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