

Provider: Regional Medical Center Anniston
TIN: 63-6000090
Effective: 11/1/1996

400 East 10th Street
Anniston, AL 36207
(256)235-5121

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

- I. **Inpatient Services:** The lesser of billed charges or 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.*
- II. **Outpatient Services:** A rate equal to an "extra" 5% 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 75% of billed charges, then the AlaMed rate is to pay 70% of billed charges.
- III. **Occupational Medicine Clinic:** For all services, treatments, supplies, expenses, or other charges, Provider will be reimbursed for the lesser of billed charges or a rate equal to 85% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.
- IV. **Outpatient MRI Services:**

Description	Rate
MRI, without contrast	\$750.00
MRI, with any introduction of contrast	\$850.00

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