

Provider: Decatur Morgan Hospital—Parkway Campus  
TIN: 46-0928982  
Effective: 9/1/2011

1874 Beltline Road Southwest  
Decatur, AL 35601  
(256)350-2211

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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.\*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at 50% of billed charges.

- II. **Outpatient Services Not Provided in Paragraphs III and IV below:** 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.\*
- III. **Outpatient Physical Therapy:** A rate equal to 85% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.
- IV. **Physician Clinics and Services:** For all services, treatments, supplies, expenses, or other charges, Hospital will be reimbursed the lesser of billed charges or 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.