

Provider: Providence Hospital
TIN: 63-0288861
Effective: 9/1/2001

6801 Airport Boulevard
Mobile, AL 36608
(251)633-1000

Hospital 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 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.*

Rates do not include any Physician fees unless billed by the Hospital.

- II. **Outpatient 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.*

Rates do not include any Physician fees unless billed by the Hospital.

- III. **Outpatient Physical Therapy:** A rate equal to 85% 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.