

Provider: Riverview Regional Medical Center
TIN: 20-8176400
Effective: 10/15/1999

600 South 3rd Street
Gadsden, AL 35901
(256)543-5200

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

- I. **Inpatient Services:** A rate equal to 75% 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 Not Provided in Paragraphs III, IV, or V 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 MRI:** For all services, including professional and technical components, facility fees or other charges, Provider will be reimbursed at a global rate equal to \$525.00 per scan.
- IV. **Physician Clinics and Services:** A rate equal to 103% of the BlueCross BlueShield of Alabama Preferred Medical Doctor (PMD) fee schedule.
- V. **Outpatient Physical Therapy:** A rate equal to 80% 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.