

Provider: Shelby Baptist Medical Center
TIN: 63-1181094
Effective: 10/1/1996

1000 1st Street North
Alabaster, AL 35007
(205)620-8100

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.*

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at 50% of the hospital's charge if the total combined aggregate charge of the implants exceeds \$500.00.

- II. **Outpatient Services:** A rate equal to an "extra" 10% 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 87.5% of billed charges, then the AlaMed rate is to pay 77.5% of billed charges.

Medical devices listed under revenue codes 274, 275, 276, or 278 shall be paid additionally at 50% of the hospital's charge if the total combined aggregate charge of the implants exceeds \$500.00.

- III. **Outpatient Therapy Services:** For all services, treatments, supplies, expenses, or other charges regarding physical therapy, occupational therapy, and speech therapy provided on or after 11/1/2013, Provider will be reimbursed for 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.