

Provider: Southeast Alabama Medical Center  
TIN: 63-6004476  
Effective: 4/1/1995

1108 Ross Clark Circle  
Dothan, AL 36301  
(334)793-8111

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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 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.\*

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

- 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 85% of billed charges, then the AlaMed rate is to pay 80% of billed charges.

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

- III. **Outpatient Physical Therapy:** 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.

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