TIN: 36-4393918 Effective: 3/15/2006 Mokena, IL 60448 (800)331-6062

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

Description/CPT Code	Reimbursement
MRI	
MRI, without contrast	\$525.00
MRI, with contrast	\$560.00
MRI, with/without contrast	\$700.00
СТ	
CT, without contrast	\$240.00
CT, with contrast	\$250.00
CT, with/without contrast	\$300.00
EMG	
95860	\$128.00
95861	\$169.00
95863	\$308.63
95864	\$403.13
95867	\$74.32
95868	\$105.81
95869	\$74.00
95870	\$70.00
95900	\$34.00
95903	\$38.00
95904	\$29.00
95934	\$28.00

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