

Provider: Highlands Diagnostic Center

TIN: 63-1059483

Effective: 12/1/1997

Terminated: 4/16/2014

2173 Highland Avenue South

Birmingham, AL 35205

(205)933-8324

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

Description	Reimbursement
MRI	
MRI, without contrast	\$525.00
MRI, with contrast	\$550.00
MRI, with/without contrast	\$700.00
CT	
CT, without contrast	\$250.00
CT, with contrast	\$275.00
CT, with/without contrast	\$300.00

All other diagnostic procedures are to be reimbursed at 90% of the State of Alabama Department of Labor workers' compensation fee schedule.