

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

**I. Nursing Services:**

SERVICE	RATE
Skilled Nursing	\$75.00
Ancillary Nursing	\$13.10
General Nurse Assistant	\$13.10
General Visit	\$40.00

\*Holiday rates are billed at 150% of the discount price.

\*Mileage billed at \$0.31 per mile for miles exceeding 60 miles per patient from base office.

\*\*Skilled nurse visits exceeding 90 minutes or in excess of 60 miles are excluded from routine skilled nurse visit charge and will be billed at maximum allowed state rate.

\*\*\*Supplies will be billed actual charges up to \$11.50 per visit. The invoice will specifically itemize any medical supplies used.

**II. Home Therapies:**

SERVICE	RATE
Physical Therapy Visit	\$80.00
Speech Therapy Visit	\$80.00
Occupational Therapy Visit	\$80.00
Medical Social Worker Visit	\$100.00

\*Home Medical Equipment will be billed at a separate rate.

\*Holiday rates are billed at 150% of the discount price.

**III. Infusion Therapies:**

Services and supplies included in all per diem rates include:

**SUPPLIES**

- IV Solutions
- Ancillary Supplies (Syringes, tubing, catheter, etc.)
- Equipment (Pump, pole, etc.)

**SERVICES**

- Clinical Pharmacy Consultation
- Sterile Compounding
- Admission Coordination
- Order Assembly and Delivery System
- Hazardous Waste Disposal
- Quality Assurance
- Case Coordination/Clinical Management
- Nutrition Support Consultations
- Patient Education/Training Visits\*

- On-Call Services (24 hours)
  - Pharmacy
  - Nursing

\*Nursing Visits: Up to 2 initial visits for patient education and training are included.

**IV. Total Parenteral Nutrition:**

VOLUME	PER DIEM
1 liter/day	\$160.00
2 liters/day	\$180.00
3 liters/day	\$200.00

\*The above prices do not include lipids.

**V. Lipids:**

VOLUME	PER DIEM
10%, 250mL	\$20.00
10%, 500mL	\$25.00
20%, 250mL	\$30.00
20%, 500mL	\$35.00

**VI. Antibiotics/Antiviral/Antifungal:**

DOSAGE SCHEDULE (PER 24 HOURS)	PER DIEM
1 Dose	\$70.00
2 Doses	\$80.00
3 Doses	\$90.00
4 Doses	\$100.00
5 Doses	\$110.00

\*The total charge for the administration of one antibiotic is calculated by taking the per diem rate and adding the average wholesale price (AWP) of the drug.

\*The total charge for two or more antibiotics is calculated by taking the per diem for the more frequent dosing interval and adding ½ the service charge for the less frequent dosing interval, plus the AWP of the drug.

\*\*Standard peripheral insertion is included with the above. Should the insertion of a Landmark or PICC line be indicated, price will be negotiated on a case-by-case basis.

**VII. Hydration:**

VOLUME	PER DIEM
1 liter/day	\$60.00
2 liters/day	\$70.00
3 liters/day	\$80.00

Provider: Infusion Partners  
TIN: 58-2102954  
Effective: 6/5/2006

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**VIII. Chemotherapy:**

ADMINISTRATION ROUTE	PER DIEM
Continuous	\$110.00
Intermittent	\$140.00

\*The total charge for the administration of the chemotherapeutic agent is calculated by taking the per diem rate and adding the average wholesale price (AWP) of the drug.

\*The total charge for the administration of subsequent drugs is calculated by adding 80% of the per diem rate, with an additional charge of AWP + \$55.00 for each additional drug.

**IX. Additional Services:**

SERVICE	PER DIEM
Enteral Feeding	\$40.00
Aerosol Pentamidine**	\$195.00
Pain Management	\$80.00
Neupogen/Epogen/Gammaglobin/Growth Hormone	\$75.00

\*The total charge for the services listed above is calculated by taking the per diem rate and adding the AWP of the drug or product.

\*\*The administration of Aerosol Pentamidine includes initial training, education materials and supplies (including nebulizer), initial delivery and set up, and follow-up visits as needed.

Other services not listed will be on an as-needed basis.