

Provider: Lincare
 TIN: 59-2852900
 Effective: 9/10/2009

283 Cahaba Valley Parkway, Suite A
 Pelham, AL 35124
 (205)402-7300

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

- I. **Brand Name:** AWP + 5% + \$6.40
Generic: AWP + 5% + \$8.32

II. **Parenteral/Enteral Antibiotic Therapy:**

Doses Per Day	Cost + Charges Per Day
1	AWP + \$177.50
2	AWP + \$201.13
3	AWP + \$224.80
4	AWP + \$283.86
4+	AWP + \$355.04

* Note: Charges per day reflect the necessary supplies for the safe and effective administration of the prescribed therapy. Supplies include administration set(s), needles, syringes, saline, heparin, alcohol pads, start kits, and catheters.

III. **Total Parenteral Nutrition:**

Description	Per Diem
Total Parenteral Nutrition*	
1 to 1.6 liters per day	\$302.17
1.7 to 2.4 liters per day	\$366.76
2.5 liters or greater per day	\$408.17
Lipids**	
Lipids 10% (500mL)	\$77.00
Lipids 20% (500mL)	\$100.88
Special Formulation	Call for Pricing

*Note: Per diem price reflects daily charge for any combination of standard dextrose, amino acid and additives. Lipids 10% (500cc) should be included at no additional charges based upon frequency of once a week.

**Note: Charges include tubing and administration supplies. Daily per diem prices reflect intravenous pump with battery back-up alarm, pump administration sets, IV tubing, central line dressing kits, saline, heparin, syringes, needles, PRN adapters, tape, gauze, IV pole and other supplies as needed upon patient evaluation.

IV. **Pain Management:**

Description	Reimbursement
AWP of Drug & Ingredients	\$159.72*
Additional Cassettes	
50mL	\$41.42
100mL	\$53.24

*Note: Charges based on use of 5 cassettes per month. Charges include pump and administration sets.

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V. **Hydration:**

Liters Per Day	Reimbursement
1 liter	\$100.58
2 liters	\$118.32
3 liters	\$159.72
4 liters	\$201.13

*Note: Charges per day reflect use of standard fluids and supplies.

VI. **Chemotherapy:**

Description	Reimbursement
Continuous Infusion	\$103.68 per day + AWP
Intermittent Infusion	\$51.84 per day + AWP

VII. **Enteral Therapy:**

Reimbursement
AWP of Nutrient + \$24.84 per day

VIII. **Other Services:**

Description	Reimbursement
Skilled Nursing	\$129.81