

Provider: Brookwood Diagnostic Center  
TIN: 63-0574009  
Effective: 4/24/2002

513 Brookwood Boulevard, Suite 100  
Birmingham, AL 35209  
(205)802-6900

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

Description	Reimbursement
<b>MRI</b>	
MRI, without contrast	\$425.00
MRI, with contrast	\$525.00
MRI, with/without contrast	\$625.00
<b>CT</b>	
CT, without contrast	\$220.00
CT, with contrast	\$240.00
CT, with/without contrast	\$260.00

\*Note: These rates shall include the technical and professional component, all necessary supplies, regardless of total sequences or body part.

\*\*Note: Screening orbits will be reimbursed at the rate of \$20.00.

For all other procedures not listed in Exhibit A, Provider will be reimbursed at a rate equal to 70% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.