

Provider: Huntsville Hospital for Women and Children

TIN: 63-0845288

Effective: 9/23/1996

Terminated: 6/23/2014

245 Governors Drive

Huntsville, AL 35801

(256)265-1000

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

- I. **Inpatient Services:** A rate equal to 85% of the rate extended to the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and the individual Hospital in effect at the date of discharge. The calculation for the AlaMed inpatient rate shall be inclusive of all methods of calculation in the Hospital's inpatient state fee, including but not limited to the stop-loss provisions in the event the state fee includes a stop-loss*. Rates do not include any Physician fees unless billed by the Hospital.
- II. **Outpatient Services:** A rate equal to 90% of the rate extended to the State of Alabama Department of Labor (DOL) pursuant to the Negotiated Participating Agreement between the DOL and the individual Hospital in effect at the date of discharge. The calculation for the AlaMed outpatient rate shall be inclusive of all methods of calculation in the Hospital's outpatient state fee, including but not limited to the stop-loss provisions in the event the state fee includes a stop-loss*. Rates do not include any Physician fees unless billed by the Hospital.

Medical devices listed under revenue codes 274, 275, 276 or 278 for outpatient services shall be paid additionally at cost + 15% and Hospital shall furnish an invoice with its bill.

- III. **Physician Clinics and Services:** For all services, treatments, supplies, expenses, or other charges, Provider will be reimbursed for the lesser of billed charges or a rate equal to 103% of the BlueCross BlueShield of Alabama's Preferred Medical Doctor (PMD) fee schedule.
- IV. **Outpatient Physical Therapy:** For all services, treatments, supplies, expenses, or other charges, Provider will be reimbursed for the lesser of billed charges or a rate equal to 85% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.

*Note: To calculate the AlaMed rate, first calculate the state rate, and then apply the applicable discount.