

Provider: Outpatient Care Center
TIN: 63-0984076
Effective: 12/1/1997

2720 University Boulevard
Birmingham, AL 35233
(205)933-0050

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

For all services, treatments, supplies, expenses, or other charges, Provider will be reimbursed for the lesser of billed charges or a rate equal to 90% of the State of Alabama Department of Labor (DOL) workers' compensation fee schedule.

Medical devices listed under revenue codes 274, 275, 276, or 278 costing more than \$200.00 shall be paid additionally at cost + 5%.