

PREVAILING RATE/MAXIMUM FEE SCHEDULE
FOR AMBULATORY SURGERY CENTERS

<u>FACILITY NAME</u>	<u>DISCOUNT RATE</u>	<u>EFF. DATE</u>
Alabama Outpatient Surgery Center	15%*	5/19/2007
American Surgery Center	10%	6/15/2007
Birmingham Outpatient Surgery Center, LTD	15%*	5/19/2006
Birmingham Surgery Center, The	15%*	7/15/2007
Children's South Outpatient Center	#	1/1/2007
# - The lesser of \$1,950.00 or 70% of charges		
Colon & Digestive Disease Center, PC	10%	11/00/06
Cullman Surgery Center	12%*	10/1/2006
Dale Medical Center ASC	25%	3/1/2007
Dauphin West Surgery Center	7%	6/15/2007
Decatur Ambulatory Surgery Center	7%	11/1/2006
Dothan Surgery Center	15%**	12/15/2006
Gulf Coast Surgical Partners	15%*	11/1/2006
d/b/a The Orthopaedic Center at Springhill		
Healthsouth Florence Surgery Center	10%*	5/19/2007
Healthsouth Gadsden Surgery Center	10%*	5/19/2007
Healthsouth Mobile Surgery Center	7%*	5/19/2007
Healthsouth Surgicare of Mobile, Ltd.	10%*	5/19/2007
Infirmiry Eastern Shore ASC	15%	7/1/2007
Lamar Healthcare Services (Closed 01/01/2006)	15%*	9/1/2005
Madison Surgery Center	10%*	1/1/2007
Medplex Outpatient Surgery Center	20%	1/1/2007
Montgomery Eye Surgery Center	15%	5/19/2007
Montgomery Surgical Center	15%*	9/1/2006
North River Surgical Center, Inc.	15%	1/1/2007
Northeast Alabama Eye Surgery Center	25%	5/19/2007
Outpatient Services East	15%*	7/1/2007
Shelby Baptist Ambulatory Surgery Center	17.5%	4/1/2006
South Alabama Outpatient Services	12%*	10/1/2006
Surgery Center of Decatur LP	7%	11/1/2006
Surgery Center (Oxford), The	15%*	5/19/2007
Surgery Center of Huntsville, The	13%	6/15/2007
Tuscaloosa Endoscopy Center	10%	8/7/2007
Tuscaloosa Surgical Center	10%*	5/19/2007
U. of Alabama Health Services Foundation (Kirklin Clinic)	15%	8/30/2007
UAB Medical West ASC, LLC		4/1/2007
Group 1 - \$ 999.00	Group 29 - \$534.15	
Group 2 - \$1,338.00	Group 30 - \$551.49	
Group 3 - \$1,530.00	Group 31 - \$628.44	
Group 4 - \$1,890.00	Group 32 - \$668.34	
Group 5 - \$2,151.00	Group 33 - \$709.26	
Group 6 - \$2,478.00	Group 34 - \$720.00	

Group 7 - \$2,985.00	Group 35 - \$725.31
Group 8 - \$2,919.00	Group 36 - \$737.76
Group 9 - \$4,017.00	Group 37 - \$754.56
Group 10 - \$112.53	Group 38 - \$897.72
Group 11 - \$141.96	Group 39 - \$906.12
Group 12 - \$200.76	Group 40 - \$936.21
Group 13 - \$201.33	Group 41 - \$937.50
Group 14 - \$217.44	Group 42 - \$969.84
Group 15 - \$259.17	Group 43 - \$1,006.23
Group 16 - \$265.38	Group 44 - \$1,037.49
Group 17 - \$273.72	Group 45 - \$1,055.76
Group 18 - \$299.49	Group 46 - \$1,118.82
Group 19 - \$310.86	Group 47 - \$1,172.85
Group 20 - \$320.28	Group 48 - \$1,187.31
Group 21 - \$381.48	Group 49 - \$1,197.72
Group 22 - \$382.20	Group 50 - \$1,227.99
Group 23 - \$394.50	Group 51 - \$1,255.47
Group 24 - \$395.58	Group 52 - \$1,269.30
Group 25 - \$417.00	Group 53 - \$1,392.45
Group 26 - \$434.94	Group 54 - \$2,978.85
Group 27 - \$452.16	Group 55 - \$3,766.68
Group 28 - \$493.26	Group 56 - \$3,737.55

For codes/items not listed in one of the above Groups payment is 92%.

Valley Surgery Center	15%	9/1/2007
Vision Correction Center	10%	9/1/2007
Visionary Usa.COM Surgery Institute	10%	1/1/2007

* The identified surgery centers have agreed to a maximum reimbursement of cost plus 10 percent for hardware, implants and prosthesis used in authorized workers' compensation outpatient surgery cases that cost over \$200.00. Copies of invoices are to be included with submitted claims.

** The identified surgery center has agreed to a maximum reimbursement of cost plus two (2) percent for hardware, implants and prosthesis used in authorized workers' compensation outpatient surgery cases that cost over \$200.00. Copies of invoices are to be included with submitted claims.