



ALM MEDICAL

380 E Northwest Hwy # 200A
Des Plaines, IL 60016
Phone: +1 (847) 238-2295
Fax: 630-812-1808
www.almmmedical.com

The Smart MRI



Light



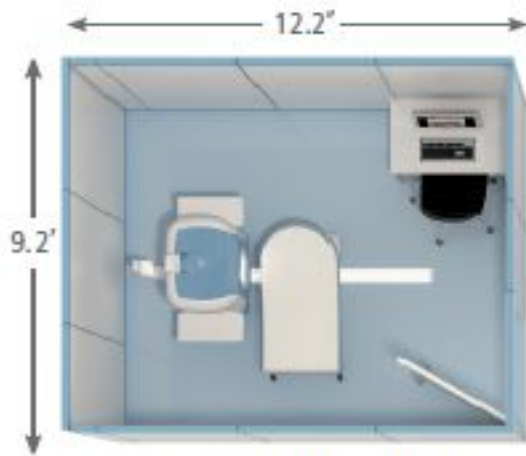
**Podiatry MRI
Managed Equipment
Program**

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A full service diagnostic imaging provider, working with physicians and healthcare providers for the provision of imaging services. ALM Medical provides creative solutions to ensure the new imaging service is sustainable clinically, operationally, and financially. We look to mitigate risk, provide turnkey packages, and ensure cost effectiveness during deployment into full operations. Our team has delivered single modality solutions, as well as large multi-modality, multi-location integrated projects. Regardless of simplicity or complexity, we ensure the best customized strategies to the healthcare provider.





Standard Room Configuration

In Office MRI

- Tendon injuries
- Ligament injuries
- Cartilage injuries
- Fractures
- Tumors (soft tissue and bone)
- Infection
- Avascular necrosis
- Non-unions or delayed unions of bone fractures
- Arthritis



Ankle: Osteochondritis Dissecans



FSE T2 - Coronal



3D SHARC ISO - Sagittal

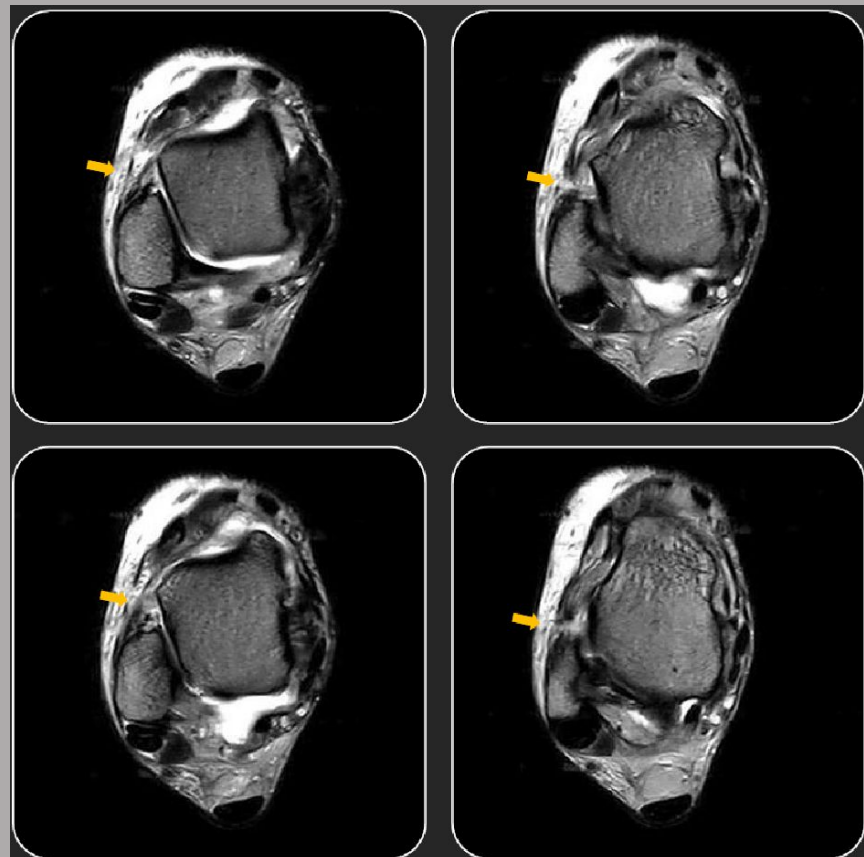


X-Bone T2 (4 echoes) - Sagittal



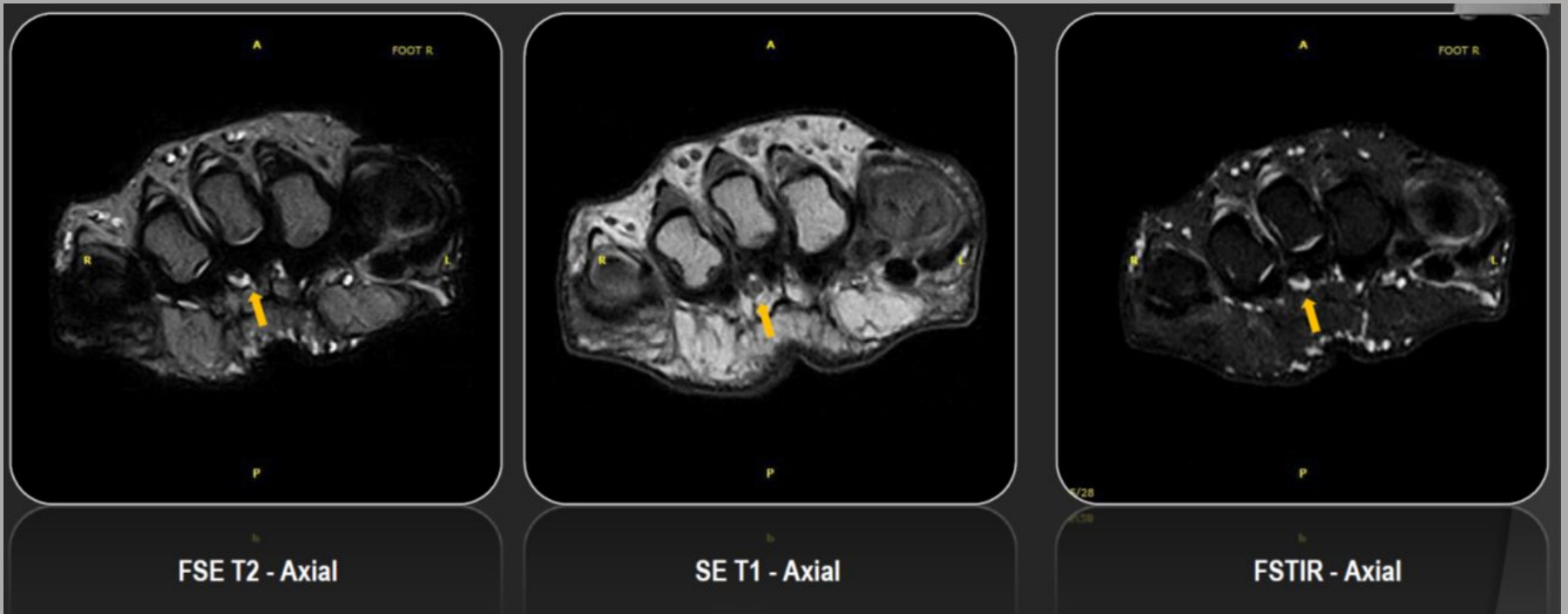
FSE T2 - Coronal

Ankle:
ATFL Tear



FSE T2 - Axial

Foot: Morton's Neuroma



Managed Equipment Service Program Three Contract Terms Available

- 1. 3 Years (36 months)**
 - Includes full Warranty for the 3 years
 - Turnkey Delivery & Support
- 2. 4 Years (48 months)**
 - Includes full Warranty for the 4 years
 - Turnkey Delivery & Support
- 3. 5 Years (60 months)**
 - Includes full Warranty for the 5 years
 - Turnkey Delivery & Support

Full Warranty means Parts, Labor, Service calls and PM's
for the full term of the program.

Completely Turnkey- We Take Care of Everything



MRI CPT Codes In ILLINOIS, USA.



Ankle MRI:

Without contrast: CPT code 73721
(reimbursement for the code 73721 is \$560.19) (Date: 04/01/24)

With contrast: CPT code 73722
Without and with contrast: CPT code 73723

Foot MRI:

Without contrast: CPT code 73718
(reimbursement for the code 73718 is \$410.66) (Date: 04/01/24)

With contrast: CPT code 73719
Without and with contrast: CPT code 73720

3 Year Managed Equipment Program

Average Reimbursement \$410.66 Based on CPT codes for Illinois

System Type O-Scan

Three Month Deposit

Monthly Payment \$8,738.00

Deposit \$26,214.00

Monthly Volume	Patients per Month	Monthly Revenue (\$)	Returns			
			Monthly Obligation (\$)	Monthly Profits (\$)	Annual Profits (\$)	3 Year Profits (\$)
1.4 Pat/day	30	12319.8	8738	3581.8	42981.6	128944.8
1.9 Pat/day	40	16426.4	8738	7688.4	92260.8	276782.4
2.3 Pat/day	50	20533	8738	11795	141540	424620
2.8 Pat/day	60	24639.6	8738	15901.6	190819.2	572457.6
3.3 Pat/day	70	28746.2	8738	20008.2	240098.4	720295.2

Equipment Warranty on parts for the full term of the lease, and includes quarterly (4) PM & Calibration visits each year

Transportation & Room Preparation will be the responsibility of the customer

Terms & Conditions

Term: 3 Year (36 Month) contract

F.O.B.: Customer will be responsible for freight, delivery and insurance.

Room Prep: Will be the responsibility of the customer to meet all specifications of drawings

Deposit: A deposit of the last quarter year (3 months) of contract term, at signing and acceptance of contract



For Illustrative Purposes Only, based on average CPT codes for Illinois.

4 Year Managed Equipment Program



Average Reimbursement	\$410.66	Based on CPT codes in Illinois
System Type	O-Scan	
Monthly Payment	\$7,420.00	
Three Month Deposit		
Deposit	\$22,260.00	

Returns						
Monthly Volume	Patients per Month	Monthly Revenue (\$)	Monthly Obligation (\$)	Monthly Profits (\$)	Annual Profits (\$)	4 Year Profits (\$)
1.4 Pat/day	30	12319.8	7420	4899.8	58797.6	235190.4
1.9 Pat/day	40	16426.4	7420	9006.4	108076.8	432307.2
2.3 Pat/day	50	20533	7420	13113	157356	629424
2.8 Pat/day	60	24639.6	7420	17219.6	206635.2	826540.8
3.3 Pat/day	70	28746.2	7420	21326.2	255914.4	1023657.6

Equipment Warranty on parts for the full term of the lease, and includes quarterly (4) PM & Calibration visits each year

Transportation & Room Preparation will be the responsibility of the customer

Terms & Conditions
Term: 4 Year (48 Month) contract
F.O.B.: Customer will be responsible for freight, delivery and insurance.
Room Prep: Will be the responsibility of the customer to meet all specifications of drawings
Deposit: A deposit of the last quarter year (3 months) of contract term, at signing and acceptance of contract

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5 Year Managed Equipment Program

Average Reimbursement \$410.66 Based on CPT codes in Illinois

System Type O-Scan

Three Month Deposit

Monthly Payment \$6,632.00

Deposit \$19,896.00

Returns

Monthly Volume	Patients per Month	Monthly Revenue (\$)	Monthly Obligation (\$)	Monthly Profits (\$)	Annual Profits (\$)	5 Year Profits (\$)
1.4 Pat/day	30	12319.8	6632	5687.8	68253.6	341268
1.9 Pat/day	40	16426.4	6632	9794.4	117532.8	587664
2.3 Pat/day	50	20533	6632	13901	166812	834060
2.8 Pat/day	60	24639.6	6632	18007.6	216091.2	1080456
3.3 Pat/day	70	28746.2	6632	22114.2	265370.4	1326852

Equipment Warranty on parts for the full term of the lease, and includes quarterly (4) PM & Calibration visits each year

Transportation & Room Preparation will be the responsibility of the customer

Terms & Conditions

Term: 5 Year (60 Month) contract

F.O.B.: Customer will be responsible for freight, delivery and insurance.

Room Prep: Will be the responsibility of the customer to meet all specifications of drawings

Deposit: A deposit of the last quarter year (3 months) of contract term, at signing and acceptance of contract



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Contact Information

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leads@almmedical.com
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premium



Light



Direct Contact

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