



**The Village at Gettysburg
Skilled Care
Schedule of Charges
Effective January 1, 2021**

Room and Board:

Private Room Daily fee*	\$397
Semi Private	\$372

*Please reference residency agreement as to an explanation of what items are included in the daily service fee.

Bed Hold Charge for Hospitalization: Normal Daily Rate is charged for the first fifteen (15) consecutive days; thereafter the normal daily rate is charged less \$7 per day.

Bed Hold Charge for Overnight Therapeutic Leave: Normal daily rate is charged for a total of thirty (30) days per year; thereafter the normal daily rate is charged less \$7 per day.

*****Private rooms for residents receiving medical assistance benefits are not covered.** Medical assistance will pay for semi-private rooms only. Residents who choose to reside in a private room will be responsible for the difference between the semi-private and private room daily rates.

The following list of ancillary charges will be billed in accordance with the residency agreement and may not be all inclusive.

Guest Meals:

Guest Meals are charged in accordance with stated menu prices. Please refer to the menu for individual items and specials. PA sales tax is included in charge. Guest meals may not be charged to a resident's account.

Beauty and Barber*:

Shampoo and Style	\$27
Shampoo Only	\$18
Set Only	\$19
Comb and Spray	\$17
Permanent including cut and style	\$70
Hair Cut	\$21.50
Hair Cut and Set	\$33
Men's Hair Cut	\$14
Hair Trim	\$14
Coloring	\$55.50
Coloring with Highlights	\$70
Rinses	\$15
Manicure	\$20.50
Fingernail Trimming	\$8
Polish change only	\$17
Supplies	Cost plus 30%
Waxing of lip or brow	\$13.50

***Residents receiving medical assistance benefits will receive, at no charge, a basic hair care service 2 times per month. Basic services include shampoo, style, hair cut or trim, set, comb and spray. Any additional services will be billed according to the fee schedule. Private pay, Medicare and insurance residents will be billed according to the fee schedule for all hair care services received.**

Personal Services and Amenities:

Vaccines	Flu \$29 - \$62 Pneumonia \$189 - \$399.50 Administration Fees \$32 All other vaccinations \$32
Maintenance Personnel (for personal requests outside of general maintenance)	\$38 per hour (charged to nearest hour, except minimum charge of \$22.50 for 30 minutes or less.)
Medical Transportation (except when included under Medicare A guidelines.)	Provided up to 25 miles round trip. For round trip exceeding 25 miles and less than 40 miles, the charge is \$37 per hour. Special arrangements can be made for trips over 40 miles if driver is

	available. The charge is \$37 per hour and \$0.53 mile.
Non Medical Transportation	\$37 per hour plus \$0.53 per mile
Medical Staff Escort	\$37 per hour in addition to transportation fee
Ambulance fee	Non-medical ambulance use is not covered by Medicare and will be billed by the ambulance company providing transportation.
Request of records	In accordance with PA statutory allowance. Please ask receptionist.
International Long Distance Phone Calls	Prevailing rates will apply
Returned check for non-sufficient funds	\$31
Flat Screen TV Wall Mounting	\$51.50 (excluding bracket)

Nursing Services*:

Catheter Care	\$14 excluding supplies covered by Medicare
Continence Care	\$17 Heavy \$13 Light
Intravenous Therapy	\$36
Tube feeding (not covered by Medicare)	\$15
Wound Care **Charges based on wound complexity	\$18 Simple \$31 Complex
Ostomy Care	\$15 excludes supplies covered by Medicare
Tracheostomy Care	\$15 excludes supplies covered by Medicare
Isolation precautions	\$15
Nebulizer treatment	\$16 Includes equipment
CPAP	\$16
CPM machine	\$23

***All charges are daily unless indicated otherwise.**

Special Equipment Charges:

Wound Vac Rental	\$120.50 per day
Specialty Mattresses (per day)	Varies by type of mattress
Specialty Beds	Varies by type of bed
Oxygen concentrator	\$15 per day includes tubing and cannula
Oxygen tank	\$17 per tank includes tubing and cannula
Specialty chair	Varies by type of chair

Medical Supplies and Personal Care Items: charges are available upon request. Costs subject to change based on supplier rate increases.

Rehabilitative Services: Services are charged by type of treatment or evaluation. A detailed fee schedule is available upon request. Consult with your therapist for rate prior to treatment.

Pharmacy and Laboratory Services: Billed by provider of service

Radiology Services (X-Ray and EKG): Billed by provider of service

Services, supplies and equipment covered by Medicare will be billed to Medicare within covered limits. Any non-covered items will be charged to the resident.

Nursing ancillary charges will not apply to Medicaid recipients and Medicare Part-A recipients or when excluded by our contract with other third-party payors.

List may not be all inclusive and special equipment, services or supplies may be charged upon notification.

_____Resident/Power of Attorney

_____Date