



**The Village at Shrewsbury
Personal Care
Schedule of Charges
Effective November 1, 2025**

Room and Board:

Daily Room and Board fee	Private Room \$217 2-room Suite Private \$333 2-room Suite-Semi Private \$192 Road to Home \$257
Level II	\$35 per day in addition to room and board
Level III	\$47 per day in addition to room and board
Memory Support Enhanced Services	\$50 per day in addition to room and board
Respite Stay	\$10 per day in addition to room and board

Items included in daily room and board include assistance or supervision in activities of daily living and/or instrumental activities of daily living; private or semi-private accommodations; blankets, pillows, bed linens, towels, wash cloths, and soap; laundering of clothes, linens and towels; three meals each day, except as otherwise medically indicated; local phone service, furnishings consisting of a bed, chair, storage area for clothing (i.e. chest of drawers and closet), bedside table/shelf, mirror and lamp; certain activity programs and social services.

Bed Hold Charge for Hospitalization or Therapeutic Leave: Normal Daily Rate is charged.

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

Guest Meals:

Holiday and Special Event Meals	According to posted charges
Tray delivery to room if not medically indicated	\$5.00

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.

Beauty and Barber*:

Shampoo and Style	\$32.00
Shampoo Only	\$15.00
Set Only	\$25.00
Comb and Spray	\$15.00
Permanent including cut and style	\$90.00
Hair Cut	\$27.00
Men's Hair Cut	\$19.00
Hair Cut and Set	\$40.00
Coloring	\$75.00
Coloring with Highlights	\$90.00
Rinses	\$10.50
Manicure	\$28.00
Fingernail Trimming	\$10.00
Polish change only	\$19.00
Supplies	Cost plus 32%
Waxing of lip or eye brows	\$15.00

***Residents receiving medical assistance benefits will receive, at no charge, a basic hair care service 6 times per year or every other 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, Supplies and Amenities:

Vaccines	Billed to insurance by provider, non-covered charges billable at yearly fee schedule
Maintenance Personnel (for personal requests outside of general maintenance)	\$50 per hour (charged to nearest hour, except minimum charge of \$25.00 for 30 minutes or less.)
Medical Transportation	Campus transport will be provided up to 25 miles round trip. For round trip exceeding 25 miles and less than 40

	miles, the charge is \$48.00 per hour and \$0.65 Special arrangements can be made for trips over 40 miles if driver is available. The charge is \$48.00 per hour and \$0.65 mile. If campus transport is unavailable, the transport company will bill you directly.
Non Medical Transportation	\$48.00 per hour plus \$0.65 per mile
Staff Escort	\$48.00 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.
Rehabilitation services	Charges are available, in advance, from the treating therapist
Lab services	Billed by provider
Pharmacy services	Billed by provider
Incontinence supplies	Briefs/Pads: \$28.00 per package Wipes: \$8.00 per tub
Enhanced Housekeeping/Sanitization	\$25.00
Isolation Precautions	\$17.00
Enhanced Barrier Precautions	\$5.00
Key replacement	\$20.00
Returned check for non-sufficient funds	\$50.00

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

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

_____Resident/Power of Attorney

_____Date