

The Village at Gettysburg Personal Care Schedule of Charges Effective January 1, 2024

Room and Board:

Daily Room and Board fee	Private \$213 Semi-Private \$172
Level II	\$32 per day in addition to room and board
Level III	\$44 per day in addition to room and board
Memory Support Enhanced Services	\$46 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	\$5.00
indicated	

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	\$29.00
Shampoo Only	\$11.00
Set Only	\$21.00
Comb and Spray	\$11.00
Permanent including cut and style	\$80.00
Hair Cut	\$25.00
Men's Hair Cut	\$16.00
Hair Cut and Set	\$40.00
Coloring	\$65.00
Coloring with Highlights	\$80.00
Rinses	\$6.50
Manicure	\$23.00
Fingernail Trimming	\$9.50
Polish change only	\$19.00
Supplies	Cost plus 32%
Waxing of lip or eye brows	\$14.50

*Residents receiving pension assistance benefits will receive, at no charge, one 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 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	\$50 per hour (charged to nearest hour,
requests outside of general	except minimum charge of \$25.00 for 30
maintenance)	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: \$25.00 per package
	Wipes: \$5.00 per tub
Enhanced Housekeeping/Sanitization	\$25.00
Enhanced Barrier Precautions	\$5.00
Key replacement	\$20.00
Returned check for non-sufficient	\$38.00
funds	
Toothbrush	\$0.50
Toothpaste	\$1.50
Lotion	\$4.00
Shampoo	\$2.00
Deodorant	\$2.75
Foot Emollient Cream	\$4.75
Slipper Socks	\$1.50
Denture Adhesive	\$5.50
Shaving Cream	\$2.75
Lip Balm	\$2.00
Efferdent Tab Cleaner	\$4.75
Male Razor	\$50.00
Female Razor	\$20.00

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

_Resident/Power of Attorney

_____Date