



**The Village at Luther Ridge  
 Skilled Care  
 Schedule of Charges  
 Effective April 1, 2023**

**Room and Board:**

|                                |              |
|--------------------------------|--------------|
| <b>Private Room Daily fee*</b> | <b>\$445</b> |
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\*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.

**Bed Hold Charge for Overnight 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.**

**\*\*\*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.\*\*\*

**Guest Meals:**

| <b>Guest Meals</b> | <b>Menu Price</b> |
|--------------------|-------------------|
|--------------------|-------------------|

**Beauty and Barber\*:**

|  |                |
|--|----------------|
| <b>Shampoo and Style</b>                 | <b>\$28.50</b> |
| <b>Shampoo Only</b>                      | <b>\$10.50</b> |
| <b>Set Only</b>                          | <b>\$20.50</b> |
| <b>Comb and Spray</b>                    | <b>\$10.50</b> |
| <b>Permanent including cut and style</b> | <b>\$72.00</b> |
| <b>Hair Cut</b>                          | <b>\$22.50</b> |
| <b>Men's Hair Cut</b>                    | <b>\$15.50</b> |
| <b>Hair Cut and Set</b>                  | <b>\$35.50</b> |

|                                   |               |
|-----------------------------------|---------------|
| <b>Hair Trim</b>                  | \$15.50       |
| <b>Coloring</b>                   | \$60.00       |
| <b>Coloring with Highlights</b>   | \$75.00       |
| <b>Rinses</b>                     | \$6.50        |
| <b>Manicure</b>                   | \$22.50       |
| <b>Fingernail Trimming</b>        | \$9.50        |
| <b>Polish change only</b>         | \$18.50       |
| <b>Supplies</b>                   | Cost plus 32% |
| <b>Waxing of lip or eye brows</b> | \$14.50       |

**\*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:**

|   |   |
|---|---|
| <b>Vaccines</b>   | Billed to insurance by provider, non-covered charges billable at yearly fee schedule  |
| <b>Maintenance Personnel (for personal requests outside of general maintenance)</b> | \$50.00 per hour (charged to nearest hour, except minimum charge of \$25.00 for 30 minutes or less.)  |
| <b>Medical Transportation (except when included under Medicare A guidelines.)</b>   | 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 \$45.00 per hour and \$0.60 Special arrangements can be made for trips over 40 miles if driver is available. The charge is \$45.00 per hour and \$0.60 mile. If campus transport is unavailable, the transport company will bill you directly. |
| <b>Non Medical Transportation</b>   | \$45.00 per hour plus \$0.60 per mile   |
| <b>Medical Staff Escort</b>   | \$45.00 per hour in addition to transportation fee  |
| <b>Ambulance fee</b>  | Non-medical ambulance use is not covered by Medicare and will be billed by the ambulance company.   |
| <b>Request of records</b>   | In accordance with PA statutory allowance. Please ask receptionist.   |
| <b>Returned check for non-sufficient</b>  | \$35.00   |

|              |  |
|--------------|--|
| <b>funds</b> |  |
|--------------|--|

**Nursing Services\*:**

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|---|---|
| <b>Catheter Care</b>                                      | \$14.00 excluding supplies covered by Medicare  |
| <b>Incontinence Supplies</b>                              | \$5.50  |
| <b>Intravenous Therapy</b>                                | \$45.00   |
| <b>Hypodermoclysis</b>                                    | \$33.00   |
| <b>Tube feeding Management (not covered by Medicare)</b>  | \$16.00 Excluding supplies  |
| <b>Wound Care<br/>(Charges based on wound complexity)</b> | Simple - \$2.00<br>Moderate - \$12.00<br>Extensive/Pressure - \$18.00<br>Wound Including Vac - \$125.00 |
| <b>Ostomy Care</b>  | \$16.00 excludes supplies covered by Medicare   |
| <b>Tracheostomy Care</b>                                  | \$16.00 excludes supplies covered by Medicare   |
| <b>Diabetic w/ Insulin</b>                                | \$200.00 / Monthly  |
| <b>Diabetic w/o Insulin</b>                               | \$125.00 / Monthly  |
| <b>Isolation precautions</b>                              | \$15.00   |
| <b>Nebulizer treatment</b>                                | \$16.00 Includes equipment  |
| <b>CPAP</b>   | \$5.00  |

**\*All charges are daily unless indicated otherwise. Not billable to insurance.**

**Special Equipment Charges:**

|                                       |  |
|---------------------------------------|--|
| <b>Specialty Mattresses (per day)</b> | Varies by type of mattress                   |
| <b>Specialty Beds</b>                 | Varies by type of bed                        |
| <b>Oxygen concentrator</b>            | \$5.00 per day includes tubing and cannula   |
| <b>Oxygen tank</b>                    | \$10.00 per tank includes tubing and cannula |
| <b>Specialty chair</b>                | 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, with a 10% administration fee.**

**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