



**The Village at Utz Terrace
Personal Care
Schedule of Charges
Effective April 1, 2023**

Room and Board:

Daily Room and Board fee	Private room \$211 Semi-Private Room \$181 2-room Suite-Private \$338 Road to Home \$225
Level II	\$31 per day in addition to room and board
Level III	\$43 per day in addition to room and board
Memory Support Enhanced Services	\$45 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.

Room Hold Charge for Hospitalization: The normal daily room rate is charged.

Room Hold Charge for Overnight Leave: The normal daily room 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	\$28.50
Shampoo Only	\$10.50
Set Only	\$20.50
Comb and Spray	\$10.50
Permanent including cut and style	\$72.00
Hair Cut	\$22.50
Men's Hair Cut	\$15.50
Hair Cut and Set	\$35.50
Hair Trim	\$15.50
Coloring	\$60.00
Coloring with Highlights	\$75.00
Rinses	\$6.50
Manicure	\$22.50
Fingernail Trimming	\$9.50
Polish change only	\$18.50
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 maintenance)	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 \$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.
Non Medical Transportation	\$45.00 per hour plus \$0.60 per mile
Staff Escort	\$45.00 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
Key replacement	\$20.00
Returned check for non-sufficient funds	\$35.00
Toothbrush	\$0.50
Toothpaste	\$1.40
Lotion	\$1.25
Shampoo	\$1.75
Deodorant	\$2.60
Foot Emollient Cream	\$4.65
Slipper Socks	\$1.50
Denture Adhesive	\$5.50
Shaving Cream	\$2.50
Lip Baum	\$1.50
Efferdent Tab Cleaner	\$4.25
Baby Powder	\$1.50

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

_____Resident/Power of Attorney

_____Date