



**The Village at Utz Terrace
Skilled Care
Schedule of Charges
Effective February 1, 2024**

Room and Board:

Private Room Daily fee*	\$508
Semi Private	\$465

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

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.

*****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:

Guest Meals	Menu Price
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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 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	Billed to insurance by provider, non-covered charges billable at yearly fee schedule
Maintenance Personnel (for personal requests outside of general maintenance)	\$50.00 per hour (charged to nearest hour, except minimum charge of \$25.00 for 30 minutes or less.)
Medical Transportation (except when included under Medicare A guidelines.)	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. *Transportation to home is billable regardless of distance, unless you live within the SpiriTrust Lutheran Community.
Non Medical Transportation	\$48.00 per hour plus \$0.65 per mile
Medical 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.

Request of records	In accordance with PA statutory allowance. Please ask receptionist.
Returned check for non-sufficient funds	\$38.00

Nursing Services*:

Catheter Care	\$14.00 excluding supplies covered by Medicare
Incontinence Supplies	\$6.00
Intravenous Therapy	\$50.00
Hypodermoclysis	\$33.00
Tube feeding Management (not covered by Medicare)	\$16.50 Excluding supplies
Wound Care (Charges based on wound complexity)	Simple - \$3.00 Moderate - \$13.00 Extensive/Pressure - \$20.00 Wound Including Vac - \$150.00
Ostomy Care	\$17.00 excludes supplies covered by Medicare
Tracheostomy Care	\$20.00 excludes supplies covered by Medicare
Diabetic w/ Insulin	\$205.00 / Monthly
Diabetic w/o Insulin	\$130.00 / Monthly
Isolation precautions	\$17.00
Enhanced Barrier Precautions	\$5.00
Phlebotomy Charge	\$20.00
Nebulizer treatment	\$16.50 Includes equipment
CPAP	\$5.50

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

Special Equipment Charges:

Specialty Mattresses (per day)	Varies by type of mattress
Specialty Beds	Varies by type of bed
Oxygen concentrator	\$5.00 per day includes tubing and cannula
Oxygen tank	\$10.50 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, 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