

Pricing – Healthcare Center

SUMMITVIEW HEALTHCARE CENTER

Schedule of Charges – Private Pay

Basic Daily Care Services provided by Summitview Healthcare Center and included in the basic daily care charge:

<u>SERVICES</u>	<u>CHARGE</u>	<u>BEDHOLD</u>
Semi-Private Room	\$315	\$265
Private Room	\$345	\$295

- Nursing care and supervision
- Personal hygiene: baths, shampoo, routine nail care, shave, oral care and skin care
- Incontinence products
- Health records
- Social Services / Activities
- Restorative services provided by Restorative Nursing Assistants
- A nutritionally balanced diet including supplementary nourishments and vitamins
- General facility maintenance and housekeeping services to ensure a safe and comfortable environment
- Safeguards to ensure resident rights and personal possessions
- Bed linen, bath linen, and personal laundry services
- Chaplaincy Program
- Cable TV
- Telephone with 200 minutes monthly long distance in the USA

Additional Services Services provided by Summitview Healthcare Center that are not included in the basic daily care rate:

<u>SERVICES</u>	<u>CHARGE</u>
• Guest meal tray – breakfast, lunch and dinner	\$5 Each
• Holiday and special event meals	\$14 Each
• High-speed internet	\$20 per month
• Maintenance on personal belongings	\$30 per hour
• Staff escort to appointment or event	\$30 per hour
• Mounting flat-screen TV	\$60

Third Party Services

Services that Summitview Healthcare Center assists to arrange but that are provided by others and the costs of which are the resident's responsibility:

- Physician
- Laboratory
- X-Ray
- Pharmacy
- Audiology
- Mental Health
- Speech Therapy
- Physical Therapy
- Occupational Therapy
- Podiatry
- Optometry
- Dental
- Transportation
- Beauty and Barber Services

Special Supplies

Special supplies and equipment are not included in the Basic Rate and will be charged separately to the resident. Some of these supplies may be covered by private insurance or Medicare in accordance with the benefits of the policy. These supplies and equipment may include, but are not limited to:

- Oxygen
- Suction Catheters
- Commercial Formula
- Urethral Catheters
- Hearing Aid Batteries
- Feeding Tubes, Bags and Pumps
- Durable Medical Equipment
- Surgical Dressings
- Specialized Feedings and Supplies

Please be aware that the 20% co-pay charges for Medicare B therapies may show on the statement the month following the service.

PLEASE NOTE: Residents are responsible for the purchase of their own clothing, furniture and belongings.

MEDICAID, MEDICARE AND PRIVATE INSURANCES
ARE ACCEPTED WITH APPROVAL