

NURSING HOME CHARGE FOR SERVICE DISCLOSURE
CHRISTOPHER HOUSE OF WORCESTER

ROOM CHARGES:

Hillside	Private:	342.00	Semi-Private:	327.00
Brookside Unit (Alzheimer's)	Private:	300.00	Semi-Private:	285.00
Putnam Unit	Private:	312.00	Semi-Private:	297.00
Belmont Unit	Private:	292.00	Semi-Private:	277.00
Respite Care	Private:	287.00	Semi-Private:	277.00

Room charges cover routine nursing facility services and include room and board, routine nursing care, activities, social services, and dietary services.

_____As a Medicare, or HMO recipient there will be no additional charges billed to you for services you receive at the nursing home (there are some HMO's requesting a daily co-pay) except for personal clothing, dry cleaning, laundry (\$1.00 per day if the facility manages your laundry), postage, hair/barber services, television and telephone rental.

_____As Private Pay recipient, you will be billed for laundry (\$1.00 per day or \$25.00 per month if the facility manages your laundry), television and telephone rental, postage, hair/barber services, medical and central supplies, incontinent supplies (attends), respiratory therapy (nebulizer \$34.00/month, suction machine \$41.60/month) and oxygen (the portable tank is \$5.00 per day and the concentrator is \$7.00 per day). A complete list of medical and central supplies can be obtained from the business office.

If your insurance does not cover Rehabilitation Therapy then you will be billed \$25.00 per every 15-minute treatment for Physical, Occupational and Speech Therapy. For those residents interested in purchasing Rehabilitation Home Enrichment Products, the Occupational Therapy Department has the following items available for sale. Recipients will use loaner equipment while receiving therapy services. If you are interested in purchasing these products, the Therapy department will process your purchase.

Reachers 26" Standard	\$25.00
Shoehorn – EZ Slide	\$11.00
Button Hook/Zipper Pull	\$12.00
Sock Aid/1 Hand	\$20.00
Sock Aid/2 Hand	\$23.00

Date: _____ Facility Representative: _____

Resident: _____ Responsible Party: _____