

FOUR METHODS OF PAYMENT

Private Pay

The resident or responsible party pays a certain rate per day, based on the type of room requested. The daily rate includes general nursing services and room and board. The rate is subject to change over time.

30-day advance written notice will be given any time the rate changes. Residents applying for Medicaid benefits are considered as private pay until an official letter from the Texas Department of Health Services has been received.

Extra charges such as medication, equipment rental, beauty/barber salon services or other outside services requested by the resident, responsible party or prescribed by the resident's physician are not included.

Medicare

To be eligible for a Medicare skilled nursing stay, participants must have Medicare Part A benefits and have been admitted and hospitalized for three consecutive midnights within the last 30 days. These guidelines are established by federal regulations.

A participant is allowed up to 100 days of skilled nursing

services per benefit period, if all eligibility and medical criteria are met.

Medicare pays for all medical charges (including room and board) for the first 20 days and only partially for the remaining 80 days. Beginning on day 21 of a Medicare-eligible stay, the resident or responsible party must pay the "co-

insurance" fee. The amount of "co-insurance" charged is determined annually by federal guidelines.

Medicare will not cover personal convenience items, such as the added cost of a private room, beauty/barber services, private telephone or cable television.

Medicaid

Texas Medicaid may pay for general nursing services, room and board, provided the resident meets the program's medical and financial criteria. A State Medicaid Eligibility

Specialist may determine that the resident is required to pay a share of the monthly cost applied as income to our facility. The monthly share is subject to change and is payable to our facility during

the same month that services are rendered.

Medicaid does not pay for certain extra charges, such as a private room, beauty/barber salon services and other services.

Insurance

Skilled nursing services are provided on medical need, as determined by an

insurance/managed care plan case manager. The resident/responsible party is liable

financially for any co-pay or deductible as outlined by the plan's benefits and coverages.

FOR MORE INFORMATION OR ASSISTANCE, CONTACT OUR FACILITY ADMISSIONS COUNSELOR DIRECTLY.