BASIC/EXPANDED HOME CARE SERVICES

CHARGE SHEET

Effective December 15, 2018 Tax#: 27-2389555

Companion/Social/Rec Activities	\$24.00/hour
Level 1 Care	\$25.50/hour
Patient supervision and sitter services, meal prep	
Level 2 Care	\$27.85/hour
Level 1 and Assistance with hygiene, tolleting, personal care, and all ADL's and IADL's	
Level 3 Care	\$29.75/hour
Level 1,2, with a Bowel Program - also, behavioral and TBI,	
and Patients requiring user of Mechanical hoyer type lifts, Wheelchair	
dependent, Ambulatory assist dependent, and Care of patients with paraplegia	
and quadriplegia, Safety instructions - (Expanded Services)	
** The Following Require Written Physician Order/Script**	
LPN Direct Skilled Nursing	
Low Acuity - Nursing Care	\$55.00/hour
High Acuity - Nursing Care	\$60.00/hour
Nursing Initial Evaluation Visit	\$210.00
Nursing Visit (Wound care and management per 2 hrs)	\$175.00
RN Direct Skilled Nursing	
Low Acuity - Nursing Care	\$58.00/hour
High Acuity - Nursing Care	\$68.00/hour
Nursing Initial Evaluation Visit	\$220.00
Nursing Visit (Wound care and management per 2 hrs)	\$175.00
Modality Visits: (RX per service required)	
Physical Therapy Evaluation	\$200.00
Physical Therapy Visit (90 minute session)	\$175.00
Physical Therapy Assistance with Aide	\$34.00/hour
Occupational Therapist Evaluation	\$210.00
Occupational Therapist Visit	\$170.00
Speech Therapy Evaluation	\$250.00
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Speech Therapy Visit

\$200.00