

TOLSTOY FOUNDATION REHABILITATION & NURSING CENTER
BASIC SERVICES AGREEMENT

The Resident / Representative / Family confirm that they have provided to the TFRNC (referred to as the facility) a complete list of the Resident's current financial agents, and agree to inform the Facility of future appointments or revocation of appointments of financial agents.

The Resident and the Undersigned agree to provide the Facility with copies of all Powers of Attorney, Guardianship Commissions or other documentation authorizing an agent to act for, or on behalf of, the Resident or who has access to the Resident's assets.

SERVICES PROVIDED BY THE FACILITY

A. EFFECTIVE 1/1/05, SERVICES INCLUDED UNDER THE DAILY BASIC RATE \$280.00*

The following services are provided under the daily basic rate:

1. Resident's lodging;
2. Board, including therapeutic or modified diet as prescribed by a physician;
3. Twenty-four hour skilled nursing care;
4. Bed linens and towels;
5. Hospital gowns or pajamas as required by the clinical condition of the Resident unless the Resident, next of kin and/or sponsor elects to furnish them, and regular non-dry cleaning laundry services for these and other launderable personal clothing items;
6. General household medicine cabinet supplies, including, but not limited to non-prescription medications, items for routine skin care, oral hygiene, care of hair, and so forth. General household medicine supplies do not include specific items medically indicated for use by a specific resident;
7. Assistance and/or supervision when required with activities of daily living, including, but not limited to toileting, bathing, feeding and ambulation;
8. Services of members of the Facility staff performing their daily assigned patient care duties;
9. The use of customarily stocked equipment, including but not limited to crutches, walkers, wheelchairs or other supportive equipment, and training in their use when necessary, unless such items are prescribed by a physician for the regular and sole use by a specific resident;
10. The use of all equipment, medical supplies and modalities, notwithstanding the quantity usually used in the everyday care of the Resident including but not limited to catheters, hypodermic syringes and needles, irrigation outfits, dressings and pads, and so forth;
11. An activities program, including but not limited to a planned schedule for recreational, motivational, social and other activities, together with the necessary materials and supplies to make the Resident's life more meaningful;
12. Social services as needed.

* Price Subject to change with 30 days notice.

B. PHYSICIAN AND ANCILLARY SERVICES PROVIDED ON A FEE FOR SERVICE BASIS:

Charges for physician visits and physician – ordered ancillary services are not included in the daily basis rate. Charges may be billed by the facility or directly by the provider of the service. The Resident is not obligated to pay for services paid for by Medicaid, Medicare or other third party payors who have negotiated a rate with the Facility, except for deductibles and co- payments. Medicaid – eligible resident’s physician services are typically covered by Medicaid.

The Facility will arrange for physician visits as authorized under this Agreement and for the following ancillary services to be available to the Resident when prescribed by a physician. These services will be administered or supervised by practitioners affiliated with and/or approved by the Facility and who meet the applicable New York licensing, registration, certification and insurance requirements. Currently, except for those services marked by an asterisk (*), the services listed below are covered by Medicaid. The services listed are not exclusive; other physician – ordered services may also be available.

- 1) Physical Therapy
- 2) Audiology services
- 3) Occupational Therapy
- 4) Speech Therapy
- 5) Podiatry services
- 6) Psychiatric or psychological treatment
- 7) Ophthalmic services
- 8) Laboratory services
- 9) X-ray services
- 10) Special Nurse or companion on order of Physician*
- 11) Oxygen therapy
- 12) Dental services
- 13) Transportation services to medical appointments
- 14) Prescription drugs

The current charges for the above listed services are included in the schedule of current charges for physician – ordered services provided at admission; charges are subject to change without notification.

C. ITEMS / SERVICES NOT COVERED IN THE DAILY BASIC RATE OR BY INSURANCE:

Certain items and services, such as those listed below, are not covered under the daily basic rate nor are they paid for by Medicare, Medicaid or insurance carriers. Such items are made available by the Facility for the convenience of residents and must be paid for or charged against the Resident’s account when the cost is incurred.

- 1) Barber /Beauty Parlor
- 2) Private telephone in room including installation, maintenance and monthly billing
- 3) Personal televisions are permitted in Resident rooms and may be connected to the provided outlet for facility’s master antenna at no charge.
- 4) Newspapers
- 5) Shoes and clothing
- 6) Dry cleaning
- 7) Special transportation for personal occasions.

** Currently not covered by Medicaid or only covered by Medicaid partially or under certain circumstances.
Revised September 08*