

# Bancroft Convalescent Hospital, Inc.

1475 BANCROFT AVENUE  
SAN LEANDRO, CALIFORNIA 94577  
(510) 483-1680

[www.bancroftconvalescenthospital.com](http://www.bancroftconvalescenthospital.com)

## Rates and Charges

Effective 1/1/16

### Nursing Care:

|                        |                  |
|------------------------|------------------|
| Private Room:          | \$350.00 per day |
| Four Bed Room          | \$295.00 per day |
| Two or Three Bed Room: | \$310.00 per day |

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### Included in the Daily Rate

The following services, equipment and supplies are included in the daily rate for nursing care and are not "Extra Charges."

1. Personal laundry, incontinent care and hand feeding.
2. Non professional hair care.
3. Fleet enemas.
4. Tissues, lotion, shampoo.
5. Miscellaneous nursing supplies.
6. Basic personal toilet articles.
7. Use of equipment such as wheelchairs, walkers, overhead bars, hydraulic lifts and slings, foot cradles, mattress overlays, chair pads, protective sheep skin padding.
8. Nutritional supplements, such as Ensure and Health Shakes.
9. Television.

|                                       |                |         |
|---------------------------------------|----------------|---------|
| <b><u>Professional Hair Care:</u></b> | Shampoo & Set  | \$25.00 |
|                                       | Hair Cut       | \$22.00 |
|                                       | Permanent Wave | \$75.00 |
|                                       | Tint           | \$38.00 |
|                                       | Rinse          | \$ 7.50 |
|                                       | Conditioner    | \$ 7.00 |
|                                       | Blow Dry       | \$20.00 |

Special Hair Care is available as requested. Residents are informed of the charge prior to receiving service.

A. **Medical Supplies, Services and Equipment**

1. Dressing and related supplies, Oxygen and related supplies, Bladder Equipment & supplies and other Miscellaneous items are billed by the facility.

Equipment and supplies for gastric tube feedings are normally obtained from Corum Health. Corum Health bills Medicare Part B. Amounts not covered are billed directly to the patient.

2. Equipment: Wound vacs, suction machines, oxygen concentrators, special mattresses, alternating pressure pad and pump and other special rentals or purchase of equipment for specific patient need.
3. Medications are normally obtained from Pharmerica. Patients and/or insurance is billed directly by Pharmaerica.

However, patients have the right to be permitted to purchase drugs, rent or purchase medical supplies or equipment in accordance with provisions of Section 1320 of the Health and Safety Code. Patients are not required to use any particular pharmacy or any particular vendor. Procurement from alternate pharmacies must be in accordance with hospital policies. Urgently needed medications, not available from alternate pharmacies in required time frames will be purchased from Pharmerica and the cost of such medications is the resident's responsibility.

B. **Therapy Charges**

Physical Therapy, Occupational Therapy, Speech Therapy are extra charges when not covered under Medicare.

C. **Transportation**

Families are encouraged to transport residents in private cars, and accompany residents to appointments, when able. The facility has a wheel chair van which is very helpful in urgent situations where alternate transportation is not feasible. If a resident or family requests that the Administrator transport the resident for their convenience or preference the following charges apply:

**Within San Leandro \$80.00**  
**Castro Valley or Hayward \$100.00**

Such transportation will be provided by the Administrator at the Administrator's discretion, as time permits. The Administrator will not accompany the resident to routine appointments. If the resident requires someone to accompany them, the responsible party must either accompany the resident or arrange in advance for someone else to accompany the resident. This could be another relative or hired attendant.

## **Medicare Coverage**

- a) “Extra Charges” do not apply to a certified Medicare patient (a patient requiring skilled services as defined by Federal Medicare Regulations). The Extra Charges are billed to the Medicare program. Therapy charges are billed to Medicare as well.
- b) For a patient requiring skilled services (per Medicare guidelines), Medicare pays for all essential services during the first 20 days. For the next 80 days, the patient pays daily coinsurance and Medicare pays the balance. The facility bills the Medicare program for all covered services. Where there is coinsurance, the facility bills the patient’s insurance, as appropriate. Any amounts not covered by patient’s insurance is the patient’s responsibility.
- c) The above applies only as long as the patient requires daily **SKILLED** services. When the patient no longer needs daily **SKILLED** services and Medicare coverage ceases, the patient or responsibility party is notified promptly, in writing.
- d) Medicare “Part B” (utilized when a patient is not longer covered under “Part A” as described above) will be billed for 80% of the charge for prosthetic devices and supplies and for Foley catheters. “Part B” Physical Therapy and Occupational Therapy is billed for 80% of the charge. In both instances above, the patient’s insurance is billed for 20%. Amounts not covered by insurance are the patient’s responsibility.

## **BILLING PROCEDURES:**

### **Private:**

Private nursing care charges are payable monthly in advance.

Extra and optional charges are post billed and are itemized on the monthly statement.

Refunds are mailed within two weeks following discharge. Discharge time is 11:00 a.m.

**OVERDUE ACCOUNTS \*\* SPECIAL NOTICE\*\***: A LATE CHARGE OF 1 ½ % will be charged on any unpaid balance after the 10<sup>th</sup> of the month.

### **Medicare:**

No deposit is required for a “Medicare covered” patient. There is no advance billing. The patient, or patient’s insurance, is billed for applicable coinsurance and optional charges monthly. When Medicare coverage ceases and the patient remains, the billing for nursing care for the balance of the month is prepared and sent.

### **Managed Care:**

This facility does not have contracts with any managed care organizations.

**Medi-Cal:**

This facility is certified for Medi-Cal participation. Residents who are eligible for Medi-Cal may reside in the facility subject to approval by the Medi-Cal Field Office. The facility does not accept residents whose only resource is Medi-Cal.

Exclusive items, such as supplies, drugs, equipment or services, are not included in the per diem rate and are separately payable subject to the utilization review controls and limitations of the Medi-Cal program for non-subacute patients in Long Term Care facilities. Specific services and supplies provided to Medi-Cal Residents are detailed in Attachments C-1, C-2, and C-3 of the Standard Admission Agreement.

**Notice of Rate Changes:**

The facility is required by law to provide no less than 30 days written notice to residents, of any increase for optional services or in the daily room rate charged by the facility. This is and always has been a policy and procedure for Bancroft Convalescent Hospital.

## Medical Supplies, Services and Equipment

The following extra charges are not included in the daily rate. They are billed as incurred.

### Dressings & Supplies

|                          |         |
|--------------------------|---------|
| Small Dressing Pack      | \$ 7.00 |
| Large Dressing Pack      | 13.00   |
| Small Covaderm Dressing  | 7.00    |
| Large Covaderm Dressing  | 13.00   |
| Small Tegaderm Dressing  | 8.00    |
| Medium Tegaderm Dressing | 9.00    |
| Small Duoderm Dressing   | 9.00    |
| Large Duoderm Dressing   | 12.00   |
| Kerlix Roll              | 2.50    |
| Small Steri Strips       | 6.00    |
| Large Steri Strips       | 11.00   |

### Oxygen & Supplies

|                                    |       |
|------------------------------------|-------|
| Oxygen E-Tank (Small)              | 32.00 |
| Oxygen Tank (Large)                | 40.00 |
| Oxygen Concentrator Rental per day | 6.00  |
| Oxygen Humidifier                  | 5.00  |
| Nasal Cannula                      | 3.00  |
| Nebulizer Kit                      | 3.00  |
| Oxygen Extension Tubing            | 3.00  |
| Aerosol Mask                       | 3.00  |

### Suction Equipment & Supplies

|                                 |      |
|---------------------------------|------|
| Suction Machine Bedside – Daily | 3.00 |
| Connection Tube                 | 3.00 |
| Catheter                        | 2.25 |

### Bladder Equipment & Supplies

|                |       |
|----------------|-------|
| Catheter Tray  | 10.50 |
| Foley Catheter | 5.25  |
| Drainage Bag   | 12.00 |
| Leg Bag        | 3.50  |
| Catheter Strap | 6.50  |

### Miscellaneous

|                               |       |
|-------------------------------|-------|
| A & D Ointment (15 ounce jar) | 5.50  |
| Antibiotic Ointment           | 9.50  |
| Baza Cream                    | 10.00 |
| Calmoseptin Cream (4 oz)      | 15.00 |

|                                   |       |
|-----------------------------------|-------|
| Citric Aid Barrier Cream (2.5 oz) | 15.00 |
| Colostomy Bag                     | 12.00 |
| Hydrocortisone Cream              | 5.00  |
| Suture Removal Kit                | 4.00  |
| Staple Removal                    | 5.25  |
| Circulating Air Mattress Daily    | 2.00  |
| Low Air Loss Mattress Daily       | 7.00  |

11/25/15