



Payment Agreement

Residents accepted for admittance who will be paying for nursing home services privately or who have nursing home insurance will be responsible for an up front payment for the first month (or full per diem payment for desired days if desired stay is less than 1 month). Current per diem rates are \$155 for a semi private room, \$168 for a private room, and \$181.50 for a private suite. If the desired stay is a month, the total up front payment will be: \$4,650.00 for a semi-private room \$5,040.00 for a private room and \$5,445.00 for a private suite. This is required of all residents admitted to the facility who are not enrolled in the Medicaid (also known as Title 19) program. Those who are enrolled in Medicaid are responsible to pay an amount each month of their stay. This is called Client Participation and the amount is set by the Department of Human Services (DHS). It is usually \$50.00 less then the amount of the resident’s social security check. Your case worker will have more information on the amount of Client Participation that is owed to the facility each month, so any questions regarding Client Participation should be directed to DHS. If the resident has Title 19 or until DHS makes the determination that the resident is eligible and approved for Title 19, they will be responsible to make a monthly payment of \$50.00 less than their social security check. If DHS determines the amount due is less than what was paid, the facility will refund the difference. If there is non payment on any account after a two month period and there has been no payment arrangement made with the business office, the facility will notify the resident that they will be discharged from the facility due to non payment.

I have read and understand the financial obligation and agree to the terms stated above. I am aware that failure to make payment for services rendered will result in discharge to the facility due to non-payment.

Resident:
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Resident/Responsible Party Signature:
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Date:
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Facility Representative Signature:
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Date:
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