## Frequently Asked Questions (FAQ) Long Term Care Home: Service Fee's



UPDATED: February 04, 2020

**DEPARTMENT: Patient Flow and Care Transitions** 

## Gorge Road Hospital Long-Term Care Additional Services and Fees

Operators may have additional fees or services available to residents and their families through community vendors. Fees for services are subject change and it is recommended that you speak to community vendors and/or the care homes prior to moving in to confirm costs.

|  | Fee (\$)                  | Per Use      | One Time | Monthly | Mandatory |
|--|---------------------------|--------------|----------|---------|-----------|
| Items  |                           |              |          |         |           |
| Cable/TV (base)  | \$35.00+                  |              |          |         |           |
| (Family/Resident arranges)   | FEE VARIES –              | EXTERNAL SER | VICE     |         |           |
| Internet   | FEE VARIES –              | EXTERNAL SER | VICE     |         |           |
| (Family/Resident arranges)   |                           |              |          |         |           |
| Telephone  | FEE VARIES –              | EXTERNAL SER | VICE     |         |           |
| (Family/Resident arranges)   |                           |              |          |         |           |
| Clothing Identification  | INCLUDED                  |              |          |         |           |
|  |                           |              |          |         |           |
| Outings  | \$2.50-                   |              |          |         |           |
|  | \$35.00+                  |              |          |         |           |
| Parking Surface Lots   | \$2.25 - first 2          | hours        |          |         |           |
| Parking Pay Stations   | \$1.25 - additional hours |              |          |         |           |
| (Accepts coins/credit card.<br>No change is provided from<br>pay stations) | \$26.75 - weekly permit   |              |          |         |           |
| Bus transport  | INCLUDED WITH OUTINGS     |              |          |         |           |
| (For trips & outings)  |                           |              |          |         |           |
| Extra Entertainment  | VARIES                    |              |          |         |           |
| Fun (voluntary)  |                           |              |          |         |           |
| Guest Meals  | \$6.75 -                  |              |          |         |           |
| (per/person fee)   | \$12.25                   |              |          |         |           |
| Foot Care Service  | \$55.00                   |              |          |         |           |



| Items  | Fee (\$)                           | Per Use      | One<br>Time | Monthly | Mandatory |
|--|------------------------------------|--------------|-------------|---------|-----------|
| Dental Hygienist<br>(Annual oral health assessment and a<br>personal oral health care plan only) | \$46.00 - EXTERI<br>(Annually Fee) | NAL SERVICE  | Ξ           |         |           |
| Dental Services<br>(Family/Resident arranges)  | FEE VARIES – EX                    | (TERNAL SER) | VICE        |         |           |
| Hairdressing Service<br>(Service available twice per week)                                       | FEE VARIES                         | <b>②</b>     |             |         |           |
| Dietitian  | INCLUDED                           |              |             |         |           |
| Physiotherapy<br>Service   | INCLUDED                           |              |             |         |           |
| Occupational Therapy<br>Services   | INCLUDED                           |              |             |         |           |
| Wheelchair and Walker<br>Cleaning  | INCLUDED                           |              |             |         |           |

| Items  | Fee (\$) | Resident Responsibility | Home Responsibility |
|--|----------|-------------------------|---------------------|
| Vitamins and   | VARIES   | Prescribed vitamins not |                     |
| Supplements  |          | part of the formulary   |                     |
| Prescription   | VARIES   |                         |                     |
| Medications NOT  |          | Medications not covered |                     |
| covered by Pharmacare  |          | by formulary            |                     |
| Incontinence garments<br>(Other than provided by<br>care home) | VARIES   |                         |                     |

