



NYACK RIDGE
REHABILITATION & NURSING CENTER

Patient/ ResidentName: _____

I understand that I am being admitted for services at the level of care, program or room with charges as indicated below and that I am financially responsible for payment of those charges in the event the cost of my care is not paid for by insurance, Medicare and/or Medicaid.

I also understand that my need for this level of care, program, or room was determined by the review of medical information received by the facility prior to my admission and that this level of care, program, or room may change as my care needs change or as determined by the assessment of my needs by facility staff.

Please be advised, effective March 1, 2021 , daily room rates at Nyack Ridge will be as follows:
(Including NY State Tax)

	<u>Daily Charge</u>	<u>Tax</u>	<u>Total</u>
Semi-Private Room	\$330. 00	\$22.44	\$352.44
Private Room	\$345. 00	\$23.46	\$368.46

New York State Department of Health continues to charge a 6.8% assessment tax on all cash receipts of nursing homes. Nyack Ridge is forced to pass this tax rate on to you as part of your monthly bill. Please note that this is not a Nyack Ridge charge, rather a tax charged by New York State.

A 30 day room and board security deposit is due and payable for all private pay residents on the day of admission, in addition to charges for the balance of the month of admission. The security deposit will be held in an interest bearing account. The deposit, along with accumulated interest, will be refunded upon discharge from the facility. All outstanding balances due to the facility will be deducted from the deposit prior to refund.

REHABILITATIVE THERAPY (Service Fee based on Medicare HCPC's reimbursement rates)
Physical Therapy / Occupational Therapy / Speech Therapy

ANCILLARY SERVICES / SUPPLIES (Fee for Service)

Signature of Patient / Resident or
Designated Representative / POA

Date

Witness

Date