



Patient Name:

Date:

Services available and rates: *Effective 5/20/2024*

After the initial one-hour minimum, hourly rates are billed in 15-minute increments rounding to nearest quarter hour.

Skilled Nursing Visits (Completed by RN):

- Initial assessment \$200
- RN visit \$150/visit
- RN hourly rate (after 2nd hour) \$75/hr
- RN delegation visit \$75/hr
- RN consultation (no other services, payment due at time of visit) \$75/hr
- RN night rate for hours worked between 6:00pm to 6:00am \$100/hr

RN respite care is available. Rates vary depending on patient acuity and needs. Rates are determined after initial assessment.

Overnight schedules are offered – depending on RN availability.

Home Health Aide Visits

- Regular rate (2 or more hours) \$42/hr
- 1 Hour visit \$50
- Weekend shifts of 4 hours or less \$44/hr
- High acuity patient \$44/hr
- More than one patient in the home \$50/hr
- Night rates for hours worked between 6:00pm to 6:00am on weekdays (Mon-Fri) \$44/hr
- Night rates for hours worked between 6:00pm to 6:00am on weekends (Sat – Sun) \$50/hr
- RN supervisory visits, once every 6 months (WA State requirement) \$50/hr

Overnight schedules are offered – depending on Aide availability.

Housekeeping

- Regular rate \$50/hr

Rainshadow Home Services
1001 E Washington Street, Suite 7
Sequim, WA 98382
(360) 681-6206

Holidays

All holidays are billed to the patient at 1.5 times the pre-established hourly rate. Rainshadow Home Services recognizes the following holidays: New Years Day, President's Day, Memorial Day, Easter, Independence Day, Labor Day, Thanksgiving, and Christmas Day. Patients will be reminded of upcoming holidays.

Nurse Delegation Task – Completed by Home Health Aide

A nurse delegation task is a task that the Home Health Aide has received specific training on provided by the RN. Each nurse delegation task completed is an additional \$5.00 per task.

Overtime

Rainshadow Home Services tries to not schedule overtime. WA state requires that employees are paid overtime rates of 1.5 times their hourly rate for all hours worked over 40 hours in a week. Rainshadow Home Services only passes this overtime cost to the patient when any one employee works for over 40 hours in a single week at the same patient home. If a patient requires more than 40 hours of week of care, we recommend scheduling more than one aide so that overtime rates can be avoided.

Changes or Cancellation of Scheduled Shifts

Patients or their responsible party must provide 24 hours notice to cancel a scheduled shift, except in the event of an emergency. If less than 24 hours notice is given for a cancelled shift, Rainshadow Home Services reserves the right to charge the full amount for the scheduled shift. If an employee arrives for a shift and the patient is not there within 15 minutes of the scheduled time, the employee may leave, and the patient will be charged the full amount for the shift. If the patient sends the employee home early without prior notice the patient will be charged the full amount for that shift.

Supplies

If supplies are required for the patient's care the at cost prices (including sales tax) for those supplies are billed to the patient. Rainshadow Home Services does not mark up the cost of supplies.

Mileage

Mileage is billed to the patient at the current IRS rate for businesses. Mileage is incurred when the employee drives their own car for patient errands and drives to the patient's home – one way.

Insurance

If the patient has insurance coverage, Rainshadow Home Services can attempt to bill their insurance. An itemized statement is available upon request. We also can contact the patient's insurance company to determine what type of coverage is available and how much the insurance will pay. There is no charge for this service. Patients or their responsible party must pay any portion of their bill that is not covered under the insurance policy.

Acknowledgement

By initialing this form, the patient or their responsible party acknowledges that they have read and understood this rate sheet and all billing information.

Patient Signature:

Date:

Responsible Party (if someone other than patient):

Date: