

How is Care Paid For?

This is the one question everyone asks when it is determined that the services of a skilled nursing facility are required. Generally speaking, there are four ways services are paid for in a nursing facility. They are:

- **PRIVATE PAY** - This is when someone uses their personal assets for the payment of room/board and other services rendered in the facility. This is typically the source of payment when one does not qualify under specific Medicare, Medicaid, and Private Insurance guidelines.
- **MEDICARE** - If you have Medicare, they will cover up to 100 days of skilled nursing care per incident of illness provided you meet the requirements. These include, but are not limited to, a three-day hospital stay and continued need of skilled nursing services as set forth by Medicare guidelines.
- **MEDICAID** - Medicaid is a state insurance program that will pay for nursing facility care once one has spent down their personal assets to the required state 'spend down' limit. Medicaid can be applied for at the local Job and Family Services office at 740-385-2461.
- **PRIVATE INSURANCE** - Private insurance coverage varies from company to company. If you think services may qualify for coverage, you should contact your private insurance company for a determination of benefits. This information is usually found on the back of your insurance card.

Prior to admission, we will assist you in determining how services will be covered financially. If you have any questions regarding payment of services, you may contact us by clicking the "Contact Us" button on our home page, or call us at 740-385-2461 during normal business hours.

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