ATTACHMENT B

DESCRIPTION OF COMMONLY REQUESTED ITEMS AND SERVICES THAT ARE NOT COVERED BY THE FACILITY'S DAILY RATE

Certain items and services are generally not covered by the Facility's daily rate. It is not possible to make a complete list of those items and services, but the list below does contain those most commonly needed or requested.

The Resident will be billed separately by the Facility or by third parties providing the item or service. The cost or part of the cost for some items and services may be picked up by Medicaid, Medicare or by the Resident's other health insurance, if any.

The Resident should also refer to Attachment A to determine which of those items and services are covered by the Facility's daily rate and which are not.

Item or Service
Ambulance services
Audiology services
Dental services
Laboratory services
Occupational therapy
Optometry services
Pharmacy services
Physical therapy
Physicians' services
Podiatry services
Speech and language therapy
Radiology services
Respiratory therapy
Special care services, such as privately hired nurses or aides
Other