

Mother of Good Counsel Home



6825 Natural Bridge Road
St. Louis, MO 63121

314-383-4765
314-383-7256 (FAX)

Email: smchristine@mogch.org
Website: www.mogch.org



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The Mother of Good Counsel Home is a private pay skilled nursing facility, and does not offer Medicare or Medicaid beds.

For admission, a new resident must meet both the Home's clinical criteria and financial criteria. The Home's financial criteria require proof of *at least* three years of financial assets. These assets include, but are not limited to:

- Long term care insurance
- Pension and Social Security benefits
- Checking and Savings accounts
- Money market accounts, certificates of deposit, or other investment vehicles
- Real estate

Room Rates*

Small Private	\$238
Medium Private	\$254
Large Private	\$271



*Room Rates are subject to change. Notice will be given prior to the increase.



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Covered Services:

The above daily rate covers the following:

1. Room and board
2. Routine nursing care, with a Registered Nurse either on duty or on call at all times
3. Assistance with activities of daily living and general supervision and personal services required for health, safety, and good grooming
4. Physical therapy / Restorative services to the extent that they can be provided with staff, equipment, and supplies routinely available at the Home
5. Social services
6. Laundry (Home-supplied bed linens, towels, etc.)
7. General housekeeping of rooms / halls
8. Pastoral Care – including chapel, daily Mass, benediction, sacraments, special prayers
9. Physician-ordered special diet
10. Assistance with eating
11. Wheelchairs, walkers, splints, and canes that are in stock as needed
12. Cable television

Services/Supplies Not Covered by Daily Rate:

The daily rate does not include charges for the services and supplies for Items (1) through (15) below. Charges for these services and supplies will either be billed directly by the provider of the service or supply, or will be included as additional charges on the monthly bill. The Home will make good faith attempts to advise the Responsible Party of these charges, but most of the services and supplies are provided by persons or entities not under the control of the Home, and the Responsible Party understands and agrees that advance notice of increases in cost may not be provided to the Responsible Party.

1. Medication – both prescribed and over-the-counter
2. Physician and hospital services
3. Periodicals and newspapers
4. Personal clothing and gowns
5. Ambulance charges and transportation for hospitalization or physician's appointments
6. Consultative services (e.g. physical therapy, occupational therapy, speech therapy, audiology, optometry, podiatry)
7. Private phone line
8. Continuous special duty nurses
9. Laboratory and portable x-ray services
10. Enteral feeding supplies, equipment, and food
11. Physical therapy evaluation
12. Personal items such as cosmetics and toiletry items*
13. Nursing and medical supplies*
14. Personal laundry*
15. Beautician and barber services*

*Denotes items or services that may be obtained at the Home

Updated 01/01/2018



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PRICES FOR COMMONLY CHARGED ITEMS

Toiletry Item Approximate Charges:

Deodorant	\$0.68 each
Denture Cleanser	\$1.04 (6 per packet)
Lip Balm	\$2.90 each
Lotion/Body Wash	\$1.46 each (4 oz. bottle)
Petroleum Jelly	\$4.76 each
Kleenex	\$2.45 each
Toothbrush	\$0.15 each
Toothpaste	\$0.76 each
Briefs	\$14.70 per pack – prices vary according to size
Attends	\$13.50 per pack – prices vary according to size

Beauty Shop Charges:

Shampoo and blow dry	\$20
Shampoo, cut & blow dry	\$30
Shampoo, set & style	\$25
Shampoo, cut, set & style	\$35
Shampoo, cut, perm, set & style	\$60
Hair Cuts (Women)	\$20
Barber services (Men)	\$15
Coloring	Add \$10
Relaxer	Add \$15

Laundry Charges (laundered weekly if no specific resident plan is in place)

Underwear	monthly fee of \$10
Outer clothing (blouse, dress, pants, etc.)	\$1.25 per article
Nightwear (nightgowns, pajamas)	\$0.75 per article

Mother of Good Counsel Home

Application for Admission

Date applied: _____
 Name _____
 Preferred Name _____
 Address _____
 City/State/Zip _____
 Phone _____
 Present Location _____
 Referred by _____
 Birth date _____
 Age _____
 Attending Physician _____

Marital Status M W D S
 Birthplace _____
 Religion _____
 Education _____
 Social Security # _____
 Former Occupation _____
 Military Service (self):
 Branch _____ Date _____
 Military Service (Spouse):
 Branch _____ Date _____

Responsible Party
 Name _____
 Relationship _____
 Address _____
 City/State/Zip _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Email Address _____

Alternate Contact
 Name _____
 Relationship _____
 Address _____
 City/State/Zip _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Email Address _____

Alternate Contact
 Name _____
 Relationship _____
 Address _____
 City/State/Zip _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Email Address _____

Alternate Contact
 Name _____
 Relationship _____
 Address _____
 City/State/Zip _____
 Home Phone _____
 Work Phone _____
 Cell Phone _____
 Email Address _____

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Name of person managing financial affairs _____

Durable Power of Attorney for Finances Yes (please attach a copy) No

Durable Power of Attorney for Healthcare Yes (please attach a copy) No

Have other medical directives been completed? Yes (please attach a copy) No

Name of legal guardian, if applicable (please attach copy of order appointing guardian) _____

Insurance:
 Medicare # _____
 Supplemental Insurance 1 (name, group, policy #) _____
 Medicare Part D (Drug Plan): _____

Financial Information

(Please attach all documentation, for instance: Social Security Statement, Brokerage Report, Summary of Account Holding, and Portfolio Summary, Insurance Policies, etc.)

Monthly Income

Social Security Income _____
 Public Assistance Grant _____
 Trust Fund _____
 Dividends _____
 Rent Income _____

Interest _____
 Gov't Pension _____
 Private Pension _____
 Salary _____
 Other _____

Are you willing to designate Mother of Good Counsel Home as direct payee for Social Security and any other pension payment?

Yes No

Resources

Bank _____
Type _____
Balance _____

Stocks and Bonds:
Indicate current market value _____

Bank _____
Type _____
Balance _____

Life Insurance:
Type: (Whole or Term) _____
Company _____
Beneficiary _____
Policy # _____
Surrender Value _____

Bank _____
Type _____
Balance _____

LTC Insurance:
Type _____
Daily Payment _____
Length of Benefit _____

Other Resources (Itemize)

Liabilities

Mortgage Loan _____
Notes Payable _____
Credit Card Balances _____
Real Estate Taxes Payable _____
Insurance premiums _____
Medications _____

Other Liabilities (Itemize)

I attest that I have listed all of my financial resources and liabilities as of the date of this Application for Admission and agree to update the information as requested by the Mother of Good Counsel Home.

I hereby voluntarily apply for admission to the Mother of Good Counsel Home. I do warrant that all the foregoing statements, representations, and declarations made by me are true; that I have fully and fairly answered each question therein contained, and that I have not concealed or misrepresented any material fact. If I am admitted to this facility, I agree to comply with its rules and regulations, responsibilities and by-laws that may from time to time be established by it. I understand that if admitted, I am to remain at Mother of Good Counsel Home only as long as my stay is agreeable both to Mother of Good Counsel Home and to me. Either of us has the absolute right to terminate my residence at any time, for any reason satisfactory to either of us. I, furthermore, personally guarantee the Mother of Good Counsel Home payment of all costs incurred.

Signature of applicant or designee

Date

It is the policy of the Mother of Good Counsel Home to provide services to all residents without distinction as to race, creed, color, national origin, religion, sex, handicap, marital or veteran status.

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