

Partnering with





to provide you with the best care.

About Us

Founded in 1979, Cheney Care
Community was organized by a
group of caring citizens intent on
providing seniors in our community
a place to call home.

We are the only communityowned, non-profit skilled nursing facility in the state of Washington.



Questions?

Call or stop in today to see how we could help you or your loved one.



2219 N 6th Street Cheney, WA 99004



Office: 509-235-6196 Referrals: 509-919-1323



Fax: 509-210-4340

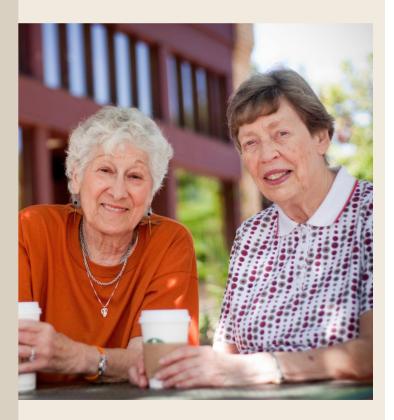


www.cheneycare.com



Cheney Care Center

Where Caring and Community Come Together



www.cheneycare.com

Rehabilition and Outpatient Therapy Services

The Cheney Care Center provides both inpatient and outpatient therapy services to help you maintain the highest possible functional levels.

Our team of physical, occupational, and speech therapists are here to help you recover after an illness or injury.

We have partnered with <u>Accelerated</u>
<u>Care Plus (ACP)</u> to provide the newest
technology to maximize safety and
treatment efficacy so you can feel
better, faster.





Services

- Licenced nurses on duty 24 hours a day, supervising staff
- Medical director and staff on-call
 24 hours a day
- Nutritious, appetizing meals
- Respite & Hospice care relief for caregivers
- Barber and Beauty Salon services
- Medicare and Medicaid Certified
- Facility transportation services

Long-Term Stay Cost

Shared Room Care	\$377/day
Private Room Care	\$388/day
TCU Shared Room Care	\$382/day
TCU Private Room Care	\$393/day

^{*}These rates are for residents who do not qualify for a skilled stay through their insurance or do not qualify for Medicaid.

FAQs

How do I access therapy services?

All Cheney Care Center clients are required to have a physician's order to recieve the necessary therapy. Ask your primary care physician to send us a referral or, if you're at the hospital, ask your social worker. We can coordinate the rest!

Who pays for therapy?

Therapy services are covered under Medicare Part A and B, as well as most private insurance companies.

Most insurance companies follow Medicare guidelines, which means therapy is covered (minus deductibles and co-pays) if it is "reasonable and necessary." This generally means a person must have a decline in functional tasks, perhaps due to a specific accident or injury. The therapy is covered as long as the individual is able to make functional gains towards specific goals.

How is therapy billed?

If you qualify under Medicare Part A, inpatient therapy will be covered at 100% for the first 20 days, after which it's covered at 80%. Supplemental insurances may pick up the remaining 20%. Under Part B benefits, the therapist providing the services selects the billing codes which describe the type and amount of therapy being provided.

^{**}Rates subject to change.