

Support at Home- Pricing Schedule



DATE OF ISSUE: _____

Service	Unit	Weekdays (\$)	Weekdays Evening (\$)	Weekdays Night (\$)	Saturday (\$)	Sunday (\$)	Public Holiday (\$)
Clinical Supports							
CARE COORDINATION (ZONE 1)	HOURS	184.45					
CARE COORDINATION (ZONE 2)	HOURS	215.48					
CARE COORDINATION (ZONE 3)	HOURS	256.39					
CARE COORDINATION (ZONE 4)	HOURS	307.30					
ENROLLED NURSE (ZONE 1)	HOURS	152.84	168.12	171.18	218.56	258.30	282.75
ENROLLED NURSE (ZONE 2)	HOURS	179.82	197.80	250.07	319.29	377.34	413.06
ENROLLED NURSE (ZONE 3)	HOURS	214.79	236.27	290.26	370.60	437.98	479.45
ENROLLED NURSE (ZONE 4)	HOURS	259.76	285.74	342.35	437.11	516.58	565.49
CLINICAL NURSE CONSULTANT (ZONE 1)	HOURS	244.98	269.48	274.38	350.33	414.02	453.22
CLINICAL NURSE CONSULTANT (ZONE 2)	HOURS	283.74	312.11	387.33	494.53	584.45	639.78
CLINICAL NURSE CONSULTANT (ZONE 3)	HOURS	336.03	369.63	445.06	568.25	671.56	735.14
CLINICAL NURSE CONSULTANT (ZONE 4)	HOURS	398.32	438.15	522.95	667.70	789.09	863.80
REGISTERED NURSE (ZONE 1)	HOURS	180	202.90	206.59	263.77	311.73	341.24
REGISTERED NURSE (ZONE 2)	HOURS	215.48	237.02	290.53	370.94	438.39	479.89
REGISTERED NURSE (ZONE 3)	HOURS	256.39	282.03	343.37	438.41	518.12	567.18
REGISTERED NURSE (ZONE 4)	HOURS	307.30	338.03	404.31	516.22	610.08	667.84
AIN CLINICAL CARE (ZONE 1)	HOURS	152.84	168.12	171.18	218.56	258.30	282.75
AIN CLINICAL CARE (ZONE 2)	HOURS	179.82	197.80	250.07	319.29	377.34	413.06
AIN CLINICAL CARE (ZONE 3)	HOURS	214.79	236.27	290.26	370.60	437.98	479.45
AIN CLINICAL CARE (ZONE 4)	HOURS	259.76	285.74	342.35	437.11	516.58	565.49
ALLIED HEALTH AT PRESCRIPTION	INVOICE + 10%						

COUNSELLING/PSYCHOTHERAPY	INVOICE + 10%						
DIETICIAN	INVOICE + 10%						
HOME MODIFICATION OT PRESCRIPTIONS	INVOICE + 10%						
CLINICAL CONSUMABLES	INVOICE + 10%						
NUTRITION SUPPLEMENTS	INVOICE + 10%						
OCCUPATIONAL THERAPY	INVOICE + 10%						
PHYSIOTHERAPY	INVOICE + 10%						
PODIATRY	INVOICE + 10%						
PSYCHOLOGY	INVOICE + 10%						
SOCIAL WORK	INVOICE + 10%						
SPEECH PATHOLOGY	INVOICE + 10%						
EVERYDAY LIVING							
DOMESTIC CARE (ZONE 1)	HOURS	100	106.90	108.84	138	164.23	179.78
DOMESTIC CARE (ZONE 2)	HOURS	117.05	128.75	171.36	217.26	258.57	283.05
DOMESTIC CARE (ZONE 3)	HOURS	141.55	150.71	196.75	249.45	296.89	324.99
DOMESTIC CARE (ZONE 4)	HOURS	176.06	193.67	233.26	295.74	351.97	385.29
LAUNDRY SERVICES (ZONE 1)	HOURS	100	106.90	108.84	138	164.23	179.78
LAUNDRY SERVICES (ZONE 2)	HOURS	117.05	128.75	171.36	217.26	258.57	283.05
LAUNDRY SERVICES (ZONE 3)	HOURS	141.55	150.71	196.75	249.45	296.89	324.99
LAUNDRY SERVICES	HOURS	176.06	193.67	233.26	295.74	351.97	385.29

MEAL PREPARATION SUPPORT WORKER (ZONE 1)	HOURS	110	124.75	127.01	161.04	191.66	209.80
MEAL PREPARATION SUPPORT WORKER (ZONE 2)	HOURS	135.35	148.88	186.26	236.15	281.05	307.66
MEAL PREPARATION SUPPORT WORKER (ZONE 3)	HOURS	162.90	179.19	224.01	284.01	338.01	370.02
MEAL PREPARATION SUPPORT WORKER (ZONE 4)	HOURS	200.46	220.51	265.06	336.06	400	437.82
SHOPPING ASSISTANCE (ZONE 1)	HOURS	110	124.75	127.01	161.04	191.66	209.80
SHOPPING ASSISTANCE (ZONE 2)	HOURS	135.35	148.88	186.26	236.15	281.05	307.66
SHOPPING ASSISTANCE (ZONE 3)	HOURS	162.90	179.19	224.01	284.01	338.01	370.02
SHOPPING ASSISTANCE (ZONE 4)	HOURS	200.46	220.51	265.06	336.06	400	437.82
GARDENING	HOURS	100					
EXTERNAL MEAL PROVIDER	INVOICE + 10%						
ASSISTANCE WITH HOME MAINTENANCE AND REPAIRS	INVOICE + 10%						
HOME MAINTENANCE EXPENSES	INVOICE + 10%						
INDEPENDENCE							
PERSONAL CARE (ZONE 1)	HOURS	110	124.75	127.01	161.04	191.66	209.80
PERSONAL CARE (ZONE 2)	HOURS	135.35	148.88	186.26	236.15	281.05	307.66
PERSONAL CARE (ZONE 3)	HOURS	162.90	179.19	224.01	284.01	338.01	370.02
PERSONAL CARE (ZONE 4)	HOURS	200.46	220.51	265.06	336.06	400	437.82
PERSONAL CARE MEDICATION (ZONE 1)	HOURS	110	124.75	127.01	161.04	191.66	209.80
PERSONAL CARE MEDICATION (ZONE 2)	HOURS	135.35	148.88	186.26	236.15	281.05	307.66
PERSONAL CARE MEDICATION (ZONE 3)	HOURS	162.90	179.19	224.01	284.01	338.01	370.02
PERSONAL CARE MEDICATION (ZONE 4)	HOURS	200.46	220.51	265.06	336.06	400	437.82
ACCOMPANIED ACTIVITIES (ZONE 1)	HOURS	110	124.75	127.01	161.04	191.66	209.80
ACCOMPANIED ACTIVITIES (ZONE 2)	HOURS	135.35	148.88	186.26	236.15	281.05	307.66
ACCOMPANIED ACTIVITIES (ZONE 3)	HOURS	162.90	179.19	224.01	284.01	338.01	370.02
ACCOMPANIED ACTIVITIES (ZONE 4)	HOURS	200.46	220.51	265.06	336.06	400	437.82

COMMUNITY ACCESS (ZONE 1)	HOURS	110	124.75	127.01	161.04	191.66	209.80
COMMUNITY ACCESS (ZONE 2)	HOURS	135.35	148.88	186.26	236.15	281.05	307.66
COMMUNITY ACCESS (ZONE 3)	HOURS	162.90	179.19	224.01	284.01	338.01	370.02
COMMUNITY ACCESS (ZONE 4)	HOURS	200.46	220.51	265.06	336.06	400	437.82
IN-HOME RESPITE (ZONE 1)	HOURS	110	124.75	127.01	161.04	191.66	209.80
IN-HOME RESPITE (ZONE 2)	HOURS	135.35	148.88	186.26	236.15	281.05	307.66
IN-HOME RESPITE (ZONE 3)	HOURS	162.90	179.19	224.01	284.01	338.01	370.02
IN-HOME RESPITE (ZONE 4)	HOURS	200.46	220.51	265.06	336.06	400	437.82
TRANSPORT 0-20KM	INVOICE + 10%						
TRANSPORT 20-50KM	INVOICE + 10%						
TRANSPORT 50KM+	INVOICE + 10%						
MOBILITY PRODUCTS	INVOICE + 10%						
INDIRECT TRANSPORT	INVOICE + 10%						
SELF-CARE PRODUCTS	INVOICE + 10%						