

Provider agrees to accept the following rates as payment in full for services provided:

I. Antibiotic Therapy:

Drug & Ingredient Doses, Per Day	Reimbursement
1	\$50.00
2	\$60.00
3	\$70.00
4	\$80.00
4 or more	\$90.00
Medication	AWP + 5%

*Note: Charges per day reflect the necessary supplies for the safe and effective administration of the prescribed therapy.

II. Enteral Nutrition:

Description	Reimbursement (Per Day)
Bolus Feed	\$20.00
Gravity Feed	\$25.00
Pump Feed	\$30.00
Specialized Formula	Call for Pricing

*Note: Charges per day reflect the necessary supplies for the safe and effective administration of the prescribed therapy.

III. Total Parenteral Nutrition:

Liters Per Day	Reimbursement
1	\$160.00
2	\$180.00
3	\$190.00
Additives	AWP + 5%

*Note: Charges per day is based on volume of the TPN and includes all supplies necessary to administer therapy.

** Note: All lipids, amino acids, dextrose, electrolytes and standard patient additives are included. Special additives will be priced separately.

IV. Chemotherapy:

Description	Reimbursement
Medication	AWP + 5%
Administration of Medication, Per Day	\$65.00

*Note: Charges per day includes all supplies necessary to administer therapy and maintain catheter, including chemotherapy spill and administration kits.

V. **Hydration:**

Description, Liters Per Day	Reimbursement
1	\$35.00
2	\$50.00
3	\$70.00
Medication	AWP + 5%

*Note: Charges per day reflect the necessary supplies for the safe and effective administration of the prescribed therapy.

VI. **Pain Management:**

Description	Reimbursement
Medication	AWP + 5%
Per Diem	\$65.00

*Note: Charges per day reflect the necessary supplies for the safe and effective administration of the prescribed therapy.

VII. **Colony Stimulating Factors:**

Description	Reimbursement
Medication	AWP + 5%
Per Diem	\$20.00

*Note: Charges per day reflect the necessary supplies for the safe and effective administration of the prescribed therapy.

VIII. **Intermuscular (IM) and Subcutaneous (SUBQ) Therapies:**

Description	Reimbursement
Medication	AWP + 5%
Per Diem	\$20.00

*Note: Charges per day reflect the necessary supplies for the safe and effective administration of the prescribed therapy.

IX. **Skilled Nursing:**

Description	Reimbursement, per dispense
Nursing Visit, Per Visit	\$85.00
Nursing Visit, 2 Hours or Less, High-Tech RN	\$120.00

*Note: Charges represent a skilled visit by an RN to administer therapy, caregiver teaching, lab draws, etc.

* Note: Charges reflect a 2-hour visit. In cases of longer administration, visits may need to be priced on an individual basis.