

*You are about to make a very important decision regarding the care and comfort of a family member. We hope that the following information serves as a resource to guide you in collecting and comparing information, and will assist you in making the right decision.*



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 **ACTIVCARE**<sup>®</sup>  
Consumer Comparison  
Guide



# ACTIVCARE<sup>®</sup> Consumer Comparison Guide

SERVICES/FEES	ACTIVCARE <sup>®</sup>	FACILITY #1	FACILITY #2	FACILITY #3	COMMENTS
	_____ LOCATION	_____ _____	_____ _____	_____ _____	
<b>Room &amp; Board</b>	Monthly Fee	Monthly Fee	Monthly Fee	Monthly Fee	
Private .....	\$ _____	\$ _____	\$ _____	\$ _____	_____
Semi-Private .....	\$ _____	\$ _____	\$ _____	\$ _____	_____
<b>Incontinence Care</b> (briefs, wipes, gloves, additional assistance)	_____ Monthly Fee	_____ Monthly Fee	_____ Monthly Fee	_____ Monthly Fee	_____
<b>Medication Management</b> Storage & Administration	<b>INCLUDED</b>	_____ Monthly Fee	_____ Monthly Fee	_____ Monthly Fee	_____
<b>Assistance with Activities of Daily Living</b> (bathing, dressing, grooming, etc.)	<b>INCLUDED</b>	_____ Monthly Fee	_____ Monthly Fee	_____ Monthly Fee	_____
<b>Weekly Linen Service</b>	<b>INCLUDED</b>	_____ Monthly Fee	_____ Monthly Fee	_____ Monthly Fee	_____
<b>Personal Laundry Service</b>	<b>INCLUDED</b>	_____ Monthly Fee	_____ Monthly Fee	_____ Monthly Fee	_____
<b>Reservation/Admission Fee</b>	<b>\$1,000.00</b>	_____ Monthly Fee	_____ Monthly Fee	_____ Monthly Fee	_____
<b>MONTHLY TOTAL</b>	<b>Total of Base Rate &amp; Additional Fees:</b>	<b>Total of Base Rate &amp; Additional Fees:</b>	<b>Total of Base Rate &amp; Additional Fees:</b>	<b>Total of Base Rate &amp; Additional Fees:</b>	
Private .....	\$ _____ Monthly Fee	\$ _____ Monthly Fee	\$ _____ Monthly Fee	\$ _____ Monthly Fee	_____
Semi-Private .....	\$ _____ Monthly Fee	\$ _____ Monthly Fee	\$ _____ Monthly Fee	\$ _____ Monthly Fee	_____

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