

VILLA TERENCE

2025-2026 Pricing Schedule Homecare Pricing

Prices will be effective from 1st of November 2025.

Please note that while we present hourly rates, we have a minimum engagement of 30 minutes.

Personal Care Hourly Rates

Personal Care Assistants assist with performing day-to-day activities. E.g. housekeeping, shopping assistance, medication, shower assistance, social & in house respite, etc.

Standard Hours (6am - 3pm)	\$85.00/hr
Non-Standard Hours (3pm-10pm)	\$95.00/hr
Saturday	\$90.00/hr
Sunday	\$120.00/hr
Public Holiday	\$200.00/hr

Care Management Fees

Costs of administrative duties and managing services. E.g Care manager duties.

10% of package charged monthly

Staff Travel

For transport where required as part of the service. This fee is in addition to the provision of a driver at Personal Care hourly rates.

\$1.00 Per Kilometre

Nursing (EN/RN) Hourly Rates

Homecare Nurses work with consumers in their home providing long term care or follow up care after a surgery, injury, or illness. (i.e. Wound care)

Standard Hours (6am - 3pm)	\$150.00/hr
Non-Standard Hours (3pm-10pm)	\$170.00/hr
Saturday	\$225.00/hr
Sunday	\$260.00/hr
Public Holiday	\$300.00/hr

Additional Services

We may supply the following services via our preferred third party services*, please discuss with your Case Manager as these services will require quotes before they can commence.

Gardening

Home Maintenance

Meal Services

(E.g. Lite n Easy & The Good Food Co.)

*Costs dependent on supplier and are charged as per invoice.

Allied Health Services

Allied health services are arranged by Villa Terenzio with our preferred contracted allied health service providers. Costs are dependent on the provider.

Physiotherapy	Charged as per invoice
Podiatry	Charged as per invoice
Remedial Massage	Charged as per invoice
Occupational Therapy Report	Charged as per invoice

Day Therapy

Day Therapy is held at Villa Terenzio on Mondays, Wednesdays and Fridays.

Attendance	\$100.00/day
Bus Transport	\$20.00/day

Client Name: _____ Client Signature: _____ Date: _____

Witness Name: _____ Witness Signature: _____ Date: _____

33 Kent Road, Marangaroo, WA, 6064 | P: (08) 9247 0888 | F: (08) 9247 0838 | W: www.iaci.com.au

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