



744 E 13th Ave • Anchorage, AK 99501
 Office: 907-644-0480 • Fax: 907-644-4655
Socialization • Recreation • Transportation

Fee Schedule

LifeWorks offers a sliding fee scale for private-pay members whose household income falls below 200% of the State of Alaska poverty guidelines. Our standard fees are based on the rate at which Medicaid reimburses us for the same services.

Single Income (monthly)	Married Income (monthly)	Rate	Half Day Fee ADC	Full Day Fee ADC (8hrs)	Full Day Fee is per 15 minute increments after 4 hours	Round Trip Transport (\$22.98 each way)	Lunch at 11:15am (snack in am/pm, no charge)
\$3,325 & above	\$4,508 & above	100%	\$118.35	\$250.35	\$8.25	\$45.96	\$31.26
\$2,992-\$3,324	\$4,057-\$4,507	90%	\$106.52	\$225.32	\$7.43	\$41.36	\$28.13
\$2,660-\$2,991	\$3606-\$4,056	80%	\$94.68	\$200.28	\$6.60	\$36.77	\$25.01
\$2,327-\$2,659	\$3,155-\$3,605	70%	\$82.85	\$175.25	\$5.78	\$32.17	\$21.88
\$1,995-\$2,326	\$2,704-\$3,154	60%	\$71.01	\$150.21	\$4.95	\$27.58	\$18.76
\$1,662-\$1,994	\$2,254-\$2,703	50%	\$59.18	\$125.18	\$4.13	\$22.98	\$15.63
\$0-\$1,661	\$0-\$2,253	40%	\$47.34	\$100.14	\$3.30	\$18.38	\$12.50

Rate	Half Day + RT Transportation Total Fee	HD+RT+Meals Total Fee	Full Day + RT Transportation Total Fee	FD+RT+Meals Total Fee
100%	\$164.31	\$195.57	\$296.31	\$327.57
90%	\$147.88	\$176.01	\$266.68	\$294.81
80%	\$131.45	\$156.46	\$237.05	\$262.06
70%	\$115.02	\$136.90	\$207.42	\$229.30
60%	\$98.59	\$117.34	\$177.79	\$196.54
50%	\$82.16	\$97.79	\$148.16	\$163.79
40%	\$65.72	\$78.23	\$118.52	\$131.03



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Financial Record

In order for LifeWorks to offer a reduced program fee to financially challenged applicants, we are required to obtain certain financial information for our rate calculations. This information is for the use of LifeWorks administrators only and is kept strictly confidential.

Applicant's Name_____.

Applicant's MONTHLY income (including spouse's income if married):

Regular Income (job, business, etc)	\$_____.
Permanent Fund Dividend (Divided by 12)	\$_____.
Other dividends/Interest received	\$_____.
S.S.I	\$_____.
Social Security	\$_____.
Annuities/Pensions	\$_____.
Alimony	\$_____.
Income from loans, sale of business(es)	\$_____.
Insurance Co-Pay	\$_____.
Other income (please specify): _____	\$_____.
TOTAL MONTHLY INCOME	\$_____.



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Financial Agreement

Provider (LifeWorks Adult Day Services) agrees to transport and/or provide adult daycare services to Member and escort him/her on social/recreational outings in and around Anchorage, Alaska. Provider further agrees that all appropriate measures will be taken to ensure Member's safety and well-being while on his/her outings with Provider. Provider is licensed and certified by the State of Alaska.

If Member is not able to attend his/her scheduled outing, Provider requests 24-hour notice whenever possible. Last-minute cancellations (no advance notice) will be billed at \$25.00 per incident.

Provider will bill Member (or Member's Representative) MONTHLY for services rendered the previous month, at the following rate:

Half-Day Adult Day Services = \$ _____ per half day
Full-Day Adult Day Services= \$ _____ per 15 minutes after 4 hours
Roundtrip Transportation = \$ _____ per outing
Meal @ 11:15am = \$ _____ per day (snack in pm at no cost)

Member (or Member's Representative) is requesting _____ half-day/full-day (**circle one**) outings per week. Each half day outing will average approximately 3-4 hours. Each full day outing will average 6 to 7 hours.

Name of person responsible for member's charges: _____

Mailing Address: _____

Home phone number: _____ Work/Cell Phone: _____

Member (or Member's Representative) has the right to discontinue services at any time. Any unpaid balance is due 30 days from termination date.

I have read and understand the foregoing information and agree to pay LifeWorks Adult Day Services at the above rates for services rendered.

Member Name _____

Signed _____
Member and/or legal representative

Date _____

Signed _____
LifeWorks representative

Date _____

Important Note: Provider reserves the right to initiate collection proceedings on any account that is more than 45 days past due. Member and/or Member's Representative will be responsible for any collection fees and/or legal fees associated with such an action.