



Serendipity Adult Day Services
 3550 E 20th Ave.
 Anchorage, AK 99508
 (907) 279-0501
 (907) 279-0502 (fax)

Serendipity Private Pay Discount Policy & 2026 Financial Information and Agreement Form

For our private pay participants, we offer a sliding discount based on the US Department of Health and Human Services, Health Resources and Services Administration Guidelines for Medical Practices. Eligibility for discount is determined annually coinciding with Alaska Medicaid Waiver annual rate changes.

The discount is based on the participant income determined by total income sources and based on Federal Poverty Guidelines for Alaska.

Sliding Scale Discount Breakdown:

Monthly Income		Federal Poverty Level	Discount
\$6,653.00	Above		0.00%
\$4,990.00	\$6,652.00	400%	25.00%
\$3,327.00	\$4,989.00	300%	50.00%
\$1,664.00	\$3,326.00	200%	75.00%
\$0.00	\$1,663.00	100%	100%

Participant Name: _____

The following financial information must be provided annually to determine the level of discount.

Income Sources:

Social Security	\$ _____	<input type="checkbox"/> Year	<input type="checkbox"/> Month
Supplemental Security Income (SSI)	\$ _____	<input type="checkbox"/> Year	<input type="checkbox"/> Month
Adult Public Assistance (APA)	\$ _____	<input type="checkbox"/> Year	<input type="checkbox"/> Month
Alaska Senior Benefits	\$ _____	<input type="checkbox"/> Year	<input type="checkbox"/> Month
Retirement Accounts	\$ _____	<input type="checkbox"/> Year	<input type="checkbox"/> Month
Pensions	\$ _____	<input type="checkbox"/> Year	<input type="checkbox"/> Month
Annuities or Insurance	\$ _____	<input type="checkbox"/> Year	<input type="checkbox"/> Month
Interest & Dividends	\$ _____	<input type="checkbox"/> Year	<input type="checkbox"/> Month
AK Permanent Fund Dividend	\$ _____	<input type="checkbox"/> Year	<input type="checkbox"/> Month
Other Incomes Sources:	\$ _____	<input type="checkbox"/> Year	<input type="checkbox"/> Month
_____ VA	\$ _____	<input type="checkbox"/> Year	<input type="checkbox"/> Month

 Name (Legal Representative)

 Signature

 Date



Serendipity Adult Day Services

3550 E 20th Ave.
Anchorage, AK 99508
(907) 279-0501
(907) 279-0502 (fax)

Attendance and meal rates are based on State of Alaska Medicaid reimbursement rates for Adult Day and Congregate Meals – <https://health.alaska.gov/media/uc11q44g/fy26-rate-chart-waiver-services.pdf>. As of 07/01/2025, those rates are as follows: Adult Day - \$8.25 per “unit” which is 15 minutes. To determine the estimated cost of stay, determine units, for example a four-hour stay is 16 units (4 units of the hour x 4 hours) \$132.00. Congregate meals which include snacks and hydration throughout stay as well as a noon meal is \$31.26. If one qualifies for a 75% discount, the cost of a four-hour stay is \$33.00. The discounted meal is \$7.82. One could expect to pay \$40.82 for a 4-hour stay and meal with the 75% discount.