

Regional Assessment and Resource Centre (RARC) Fee for Service Information Sheet
Queen's University 186 Barrie St. Kingston, ON K7L 3N6 (613) 533-6311

General Information:

- There is a fee for psychoeducational services, which can be changed according to your income. Please make cheques payable to Queen's University.
- **NOTE: If your account has not been paid in full upon completion of the assessment, you will go on the university debt list.**
- Psychoeducational services are covered in part by some insurance plans. **Clients are requested to pay fees directly to the RARC contact person first and then to submit receipts to your insurance company.** All receipts will include a registration number that is needed for insurance reimbursement.
- If you have any questions about fees, the Clinical Director, Dr. Allyson Harrison will be pleased to speak with you. You can also e-mail her at: harrisna@queensu.ca

Fee Schedule:

- Psychoeducational assessments are charged a flat rate of \$1,700 for assessment and feedback.
- Neuropsychological assessments are charged a flat rate of \$2,600 for assessment and feedback.
- The assessment typically includes an intake interview, an average of 8 hours of testing, a written report with recommendations, and a feedback session to discuss the results and recommendations.
- Handwriting Assessments will be charged at \$110/hour for a maximum of 4 hours.
- **Please circle in the amount that matches your income (or your parent's/guardian's income if you are out of high school less than 4 years and have no dependents).**

Income	Flat Rate
> \$80,000	\$1,700.00
\$70,001-80,000	\$1,500.00
\$60,001-70,000	\$1,200.00
\$50,001-60,000	\$900.00
\$40,001-50,000	\$700.00
\$30,001-40,000	\$400.00
\$20,001-30,000	\$300.00
\$10,000-20,000	\$200.00
<\$10,000	\$100.00

If you qualify for OSAP you will automatically qualify for the Bursary for Students with Disabilities (BSWD) fund that will pay for the assessment in full.

Do you qualify for the BSWD? Yes No Unknown

I have supplementary insurance. Yes No Amount Covered \$ _____

I have read and understood the Fee Information Sheet. If I am deemed eligible to receive OSAP, I agree to release the BSWD reimbursement and pay **\$1,700.** If I am not OSAP eligible, I agree to pay \$ _____. **NOTE: You must apply for OSAP and have your Financial Services Office confirm your eligibility.**

Name of Student

Signature:

Address:

City: Postal Code:

E-mail Address Phone: