



## Psychoeducational Assessment (PEA) Financial Contract

### Regional Assessment and Resource Centre (RARC) & Mobile Assessment Team (MAT)

Queen's University - Mackintosh-Corry Hall, Room B100

68 University Avenue – Kingston, ON K7L 3N6

P: (613) 533-6311 | F: (613) 533-6564 | E: [rarc@queensu.ca](mailto:rarc@queensu.ca) or [rarcmat@queensu.ca](mailto:rarcmat@queensu.ca)

Student Name: \_\_\_\_\_ College / University: \_\_\_\_\_

Student Number: \_\_\_\_\_ Program: \_\_\_\_\_

Length of Program: \_\_\_\_\_ Current Year (i.e., 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, etc.): \_\_\_\_\_

Student Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

Street # and Name

City

Postal Code

### Fee for Psychoeducational Assessment: \$2,400

You may be eligible to receive full or partial funding for the assessment fee through using one or more of the following methods:

- Private Insurance Coverage (**must be used before BSWD/CSG-PDSE funds can be accessed**)
- Provincial and/or Federal OSAP Funding (BSWD/CSG-PDSE)
- Sliding Scale Fee (**only applicable to those who are ineligible for OSAP funding and who do not have insurance coverage**).

**Do you have private insurance coverage that covers psychological services/assessments?** (i.e., through your school, parents'/guardians' and/or you or your spouse's work)

Yes (Complete insurance information below)

No (Proceed to page 2)

Does your insurance cover the full assessment fee indicated above?

Yes

No

**If yes**, fill out the information below and select Option #1 on page 2.

**If no**, fill out the information below and select the applicable option on page 2.

*Please note that some insurance companies require a referral from your family doctor.*

Name of Insurance Company: \_\_\_\_\_

Amount Covered: \_\_\_\_\_

**If applicable:**

Name of Secondary Insurance Company: \_\_\_\_\_

Amount Covered: \_\_\_\_\_

## Financial Options

**Note:** If you are unsure of your funding coverage, please register with your Student Accessibility Services Office for assistance.

Please select **ONE** of the following financial options (*Payment must be provided at/by the first appointment*):

**Option # 1:**

Paying full assessment fee out-of-pocket (self, parent/guardian, or through insurance)

→ \$2,400

Payment to be provided via cheque (payable to Queen's University), e-transfer (request sent from Queen's University), credit or debit.

**Option # 2:**

Eligible for Provincial/Federal OSAP – BSWD/CSG-PDSE

→ \$2,400 (*if assessment reveals a permanent disability diagnosis*)

→ \$2,000 (*if assessment does not reveal a permanent disability diagnosis*)

- RARC will waive remaining fee if you have no insurance coverage or coverage is less than \$400

Post-dated cheques for both amounts indicated above (payable to Queen's University) must be provided at/by the first appointment, or if unable to provide cheques, a minimum deposit of \$500 must be paid at/by the first appointment via e-transfer (request sent from Queen's University), credit, or debit.

**Option # 3:**

Eligible for Federal OSAP – CSG-PDSE only

→ \$2,400 (*if assessment reveals a permanent disability diagnosis*)

→ \$500 or amount covered by insurance; whichever amount is greater  
(*if assessment does not reveal a permanent disability diagnosis*)

Post-dated cheques for both amounts indicated above (payable to Queen's University) must be provided at/by the first appointment, or if unable to provide cheques, a minimum deposit of \$500 must be paid at/by the first appointment via e-transfer (request sent from Queen's University), credit, or debit.

**Option # 4:**

Not eligible for OSAP funding (BSWD/CSG-PDSE)

→ Fee will be determined using the sliding scale chart attached, the provided notice of assessment/income tax return and if applicable, student's insurance coverage.

**Requirements:**

- Proof of OSAP ineligibility sent to [rarc@queensu.ca](mailto:rarc@queensu.ca) (letter or screenshot)
- Proof of income with most recent income tax return sent to [rarc@queensu.ca](mailto:rarc@queensu.ca)

I agree to adhere to the instructions outlined in Financial Option # \_\_\_\_ (as described above). I will provide payment as outlined above to or before my first appointment.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Sliding Scale Fee Chart

The Sliding Scale Fee Chart is used to determine maximum out-of-pocket assessment cost for students. Out-of-pocket means the amount a student will pay after insurance reimbursement has been taken into consideration.

<b>Sliding Scale</b>	
<b>Net Income</b>	<b>Flat Rate</b>
> \$150,000	\$2,400.00
\$125,000 - \$149,999	\$2,100.00
\$100,000 - \$124,999	\$1,800.00
\$80,000 - \$99,999	\$1,500.00
\$70,000 - \$79,999	\$1,200.00
\$50,000 - \$69,000	\$ 900.00
\$30,000 - \$49,999	\$ 700.00
\$10,000 - \$29,999	\$ 600.00
< \$10,000	\$ 500.00