

## Fees for Assessment Services Agreement

Psychological assessment services provided at USPC by psychology practicum students cost the same as those provided by a Registered Doctoral Psychologist. These services are charged at an hourly rate based on a sliding fee scale (see below) and discussion between you and your clinician. Prior to the assessment appointment, you will be given a cost estimate based on the typical time required for the type of assessment you are seeking.

Fees are payable immediately after the feedback session and before the report is released to you. Payment plans are available upon request.

We will provide a receipt to submit to your insurance carrier for reimbursement upon request. We accept payment by Visa, Mastercard, Amex, cash or cheque. Please make cheque payable to "University of Saskatchewan".

Please notify us **at least 24 hours in advance** if you need to cancel or reschedule an appointment. Your clinician will review the No-Show and Cancellation Policy with you.

### Psychological Assessment Sliding Scale Guide:

Total Fee: ^	Hourly Fee:	Household annual income range:	Considerations:
\$2000	\$200	\$70,000 or more	<ul style="list-style-type: none"><li>-You own your own home or rent comfortably</li><li>-You meet your basic needs*</li><li>-You have access to expendable income**</li><li>-You travel recreationally</li><li>-You have investments/retirement accounts or other savings</li></ul>
\$1800	\$180	\$50,000-70,000	<ul style="list-style-type: none"><li>-You have stable employment and may have some savings</li><li>-You own or lease a vehicle or could, financially</li><li>-You travel recreationally</li><li>-You usually have expendable income**</li><li>-You stress about meeting basic needs* but typically do</li><li>-Any debt you have does not stop you from meeting basic needs</li></ul>
\$1200	\$120	\$ 30,000-50,000	<ul style="list-style-type: none"><li>-You are employed and may have emergency savings</li><li>-You have access to transportation</li><li>-You have expendable income** if there are no unusual expenses</li><li>-You stress about meeting basic needs* but typically achieve them</li><li>-Any debt you have sometimes stops you from meeting basic needs</li></ul>
\$800	\$80	Less than \$30,000	<ul style="list-style-type: none"><li>-You may be employed but have little to no access to savings</li><li>-Any debt you have interferes with your ability to meet basic needs*</li><li>-It is difficult for you to afford new items</li><li>-You have limited or no expendable income**</li></ul>

Total Fee: ^	Hourly Fee:	Household annual income range:	Considerations:
\$500	\$50	Inconsistent income or loss of income with few prospects	<ul style="list-style-type: none"> <li>-You do not have stable employment</li> <li>-You have unstable or inappropriate housing</li> <li>-You stress about basic needs* and do not always meet them</li> <li>-You qualify for government assistance</li> <li>-You rarely have expendable income**</li> <li>-Buying new items or traveling creates significant financial burden</li> </ul>

\* **Basic Needs** include food, housing, health care, and transportation.

\*\* **Expendable Income** might mean you are able to buy coffee or tea at a shop, go to the movies or a concert, buy new clothes, books, and similar items each month, etc.

^ **The Total Fee** is based on 10 clinical hours, which includes 6-8 hours with you as the client and 2-4 hours of administration and supervision time. Shorter assessments are prorated on a case-by-case basis.

*Developed using the model created by Alexis J. Cunningfolk found here:  
<http://www.wortsandcunning.com/blog/sliding-scale>*

Please note that you may be asked to verify your income by providing your most recent tax return.

I have read and understand the Fee Schedule and I understand that this total is an estimate only. If my assessment takes less or more time than the amount estimated, I understand that my total fee will be adjusted accordingly. I understand that I will be informed of any changes made to this fee and why these changes were made.

I agree to and commit to paying the total fee of \$\_\_\_\_\_ for Psychological Assessment Services at the USPC.

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Client/Guardian Signature

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Date