

PSYCHO-EDUCATIONAL ASSESSMENT



This assessment must be accompanied by the 'Claim for Health Benefits' form.

STUDENT STATEMENT

RWAM Group # 490002	Name of Student	Student I.D.#
Student is registered with the Accessible Learning Centre, Wilfrid Laurier University: <input type="checkbox"/> Yes <input type="checkbox"/> No		

APPLICATION DETAILS

Has applied for and is eligible for the Bursary for Students with Disabilities (BSWD). A full psycho-educational assessment has been recommended by their Learning Disabilities Consultant.

Has applied for and is eligible for the Accessible Learning Accommodation Bursary (ALAB). A full psycho-educational assessment has been recommended by their Learning Disabilities Consultant.

Is eligible for MAT funding

Is not eligible for any funding.

The following documents must be submitted to the Health Plan office for reimbursement consideration:

1. A completed Psycho-Educational Assessment Form
2. A copy of the BSWD or ALAB cheque stub for assessment or a copy of completed MAT Fee for Service information sheet
3. WLUSU Claim for Health Benefits form.
4. ORIGINAL paid receipt, which must include individual dates of service and charge per visit.

Reimbursement will be based on the difference between the Assessment cost and the amount indicated on the cheque stub for assessment, up to the annual maximum allowed under the WLUSU Extended Health Plan.

Authorization:

I understand the information I provide on and with this form will be used to determine my eligibility for group insurance benefits claimed under this policy/plan. I certify that the charges listed above and for which the bills are attached, were incurred by myself. I declare that the statements made on this form are complete and true. I hereby authorize the release of any information in respect this claim, requested by RWAM Insurance Administrators Inc. ("RWAM"), to RWAM and to the insurer. I also authorize my plan administrator, Wilfrid Laurier University Students' Union to exchange information, which is necessary and related to this claim, on my behalf with RWAM and the insurer.

A photocopy or facsimile transmission of this authorization shall be considered as valid as the original.

Name of Consultant: _____
Signature of Consultant

Referred Psychologist's Name: _____

_____ *Signature of Student* _____ *Date*

This form must be completed in full. If not, the form will be returned to you which will delay the processing of the claim. If you have any questions regarding your student health plan, please inquire at the on-site WLU Health Plan Co-ordinator's Office: Fred Nichols Campus Centre, 3rd Floor, 75 University Ave. West Waterloo, ON N2L 3C5 Tel. (519) 884-0710 ext. 3557

Once completed, please forward to: **RWAM INSURANCE ADMINISTRATORS INC., 49 Industrial Drive, Elmira, ON N3B 3B1**

