



Financial Services
Commission
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de l'Ontario

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Designated Assessment Centre Fee Guideline

Superintendent's Guideline No. 03/04

Designated Assessment Centre Fee Guideline

This *Designated Assessment (DAC) Centre Fee Guideline* establishes the maximum expenses payable by automobile insurers related to the services of DACs in conducting designated assessments under the *Statutory Accident Benefits Schedule - Accidents on or after November 1, 1996* (SABS). This Guideline replaces Superintendent's Guideline No. 02/04 issued in January 2004.

Purpose

Pursuant to subsection 24(2) of the SABS, an insurer is not liable to pay for expenses related to professional services that exceed the maximum amounts established by this Guideline.

Amounts

No insurer shall be liable for any expenses related to the services of a DAC under the SABS that exceed the following amounts:

1. \$3,900.00 for a disability designated assessment.
2. \$5,600.00 for a Post-104 week disability designated assessment.
3. \$2,000.00 for a medical/rehabilitation designated assessment.
4. \$2,600.00 for an attendant care designated assessment.

These amounts include all costs incurred during the assessment process, including expenses for administration and diagnostic testing, regardless of the complexity of the case or the need for the DAC to consider surveillance material.

It is expected that basic designated assessments will be completed at fees lower than these amounts.

Claimant transportation expenses and the cost of translation and interpreter services are not included in these amounts.

Expenses incurred for assessor transportation expenses are also included in these maximums. DACs may invoice insurers for additional assessor transportation expenses in those cases where an assessor is required to travel 200 kilometres or more to the claimant's home or workplace to conduct a DAC assessment.

DACs should be aware that these maximums do not include reasonable amounts charged for the cancellation of assessments under the DAC Cancellation Fee Model.

Fast-Track Medical and Rehabilitation and Residual Earning Capacity DACs

Pursuant to Bulletin No. A-14/03, the Financial Services Commission of Ontario (FSCO) has already issued the *Fee Guideline for Fast-Track Medical and Rehabilitation Designated Assessment Centres* (Fee Guideline) for assessments conducted under the SABS. This Fee Guideline remains in place. The maximum fee applicable to Residual Earning Capacity DACs, of \$6,600, also remains in place pursuant to Bulletin A-04/99.

Complex DAC Assessments

Due to the complex nature of catastrophic impairment DAC assessments, no maximum fee is applicable to these assessments. These maximum amounts also do not apply to DAC assessments of claimants with brain or spinal cord impairments, or paediatric claimants.

The complexity of Post-104 Disability DAC assessments has already been considered in the higher maximum applicable to those assessments.

Effective Date

This Guideline will be effective for all requests for assessment received by a DAC on or after March 1, 2004. Requests received by a DAC prior to March 1, 2004 or assessments in progress as of that date are not subject to this Fee Guideline.

Revocation of the Guideline for Selecting the Nearest Designated Assessment Centre

With the release of this guideline, the *Guideline for Selecting the Nearest Designated Assessment Centre*, Commissioner's Guideline 3/95, previously released by the Ontario Insurance Commission, is hereby revoked.