Session Cancellation Policy

Big Sky Autism Project

All individuals and responsible parties receiving services from Big Sky Autism Project are subject to the terms and conditions set forth in this cancellation policy.

Please remember that once you have booked a session or an appointment with Big Sky Autism Project, we have reserved that time slot in our schedule exclusively for you and/or your athlete. Please notify us as soon as possible to avoid any cancellation fees.

To cancel and/or reschedule your session and to avoid cancellation fees, please contact Big Sky Autism Project at (406)461-5656 or email us at BigSkyAutismProject@gmail.com.

If you need to cancel for any reason, please contact us immediately prior to your scheduled session time.

Please initial each box to indicate you have read and understand each policy guideline:

You must cancel no later than 48hrs prior to your session to avoid cancellation fees.

Cancellation after the 48hr requirement may be charged a $30 late cancellation fee.

No call / no show will be charged an $80 no show session fee.

You must contact us prior to your next scheduled session if you had no call / no show at your previous session.

No call / no show may result in the removal of any fee reduction plans or alternative payment arrangements resulting is full fees being charged for future sessions.

Three (3) no call / no show in six (6) consecutive months will result in termination of services and all account balances due immediately.

Under certain circumstances, you may appeal cancellation fees to the Board of Directors or their designee. Circumstances may include (but not limited to) inability to contact Big Sky Autism Project due to no access to phone or email, legally detained, hospitalization, death, etc. To appeal, please provide a statement as to why you were unable to contact Big Sky Autism Project or participate in your scheduled session. Documentation may be required at the discretion of the Board or designee.

If terminated from services, you may appeal to the Board of Directors or their designee for continuation of services. You must provide a written explanation for the no call / no show sessions and why you want to continue services. The Board may require you to agree to certain stipulations if continuation of services is granted.

**With my signature below, electronic or handwritten, I confirm that I have read, understand, and agree to the terms and conditions of the Session Cancellation Policy for Big Sky Autism Project.**

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*Signature of Responsible Party Date*

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*Print Name of Responsible Party*