# Standard Payment Plan Policy & Contract

**Big Sky Autism Project**

As a client or legal representative of an individual seeking services from Big Sky Autism Project (BSAP), you agree to the following Standard Payment Plan Policy & Contract for payment of services received*:*

*(initial each box to confirm you have read the policy*)

1. You are responsible and obligated to pay all fees incurred for services provided by BSAP.
2. BSAP will not deny services to anyone based on their ability to pay.
3. BSAP provided you with the option to participate in the Income Based Payment Program and/or the Alternative Payment Arrangement Program and you have either been found ineligible or chosen not to participate in either Program.
4. Private insurance, Medicare, and Medicaid are currently UUnot accepted. BSAP will provide you with a list of resources that may be able to help you pay for services.
5. The Income Based Payment Program, Alternative Payment Arrangement Program, or a Standard Payment Plan Contract must be in place prior to receiving services from BSAP.
6. A nominal fee of $10 will be assessed at the time of service regardless of payment arrangements made with BSAP. You will not be denied services if you are unable to pay the nominal fee at the time of service. The nominal fee is for administrative purposes and does not count towards your service fees. In rare cases, such as homelessness, the nominal fee may be waived if approved by the BSAP Board of Directors.
7. A minimum monthly payment for services received will be **UUdue on the 1UUPUPUst UPUPUUof each monthUU**. Minimum monthly payments for the **Standard Payment Plan is $120.00 per month per account** or account paid in full if less than $120.00 is owing.
8. Payment by check, credit/debit card, and cash (in exact amount) is acceptable. A $40.00 return payment fee will be applied to your account for any returned checks or credit/debit card reversals.
9. All services are **$80.00 Uper sessionU** unless otherwise stated or advertised. Parent / Caregiver / Family Member Workshops & Classes are not included in this category and are priced separately at varying rates from $175 - $299 per individual depending on the event. All fees for services are subject to change however, you will be given a minimum of fourteen (14) days’ notice before any new fees take effect.
10. You must keep in contact with BSAP regarding your account if unable to make minimum payments. We are here to help and will work with you, however, if habitual delinquency in payment occurs without communication, BSAP may require full payment of your past due account before additional services can be provided. If unable to resolve the payment issue in a satisfactory manner, BSAP may suspend services and refer your account to a third-party collector to recover fees for services provided plus an additional $60 administrative fee.
11. An itemized billing statement will be sent to the email address you provide below. If you have any questions regarding this policy or billing statement, please contact BSAP staff at BigSkyAutismProject@gmail.com.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (**Print Name** **of Responsible Party**), have received and agree to the BSAP Standard Payment Plan Policy & Contract. I understand that I am responsible for fees incurred for services received from BSAP at the rate stated or advertised for the session, package, program, class, workshop, and/or event. I understand that it is my choice to participate in any services provided by BSAP that I choose for myself or the individual I am responsible for and upon signing, electronically or handwritten, this notice constitutes a legally binding contract and agreement.

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**Signature** **of Responsible Party Date**

**Email for billing purposes**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_