Alternative Payment Arrangement Program
Notice of Payment 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 notice and contract for payment to BSAP*:* *(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 you have either been found ineligible or have chosen not to participate in the IBPP.

☐ 4. If you choose not to participate in the Income Based Payment Program, you may request a lower monthly payment plan through the Alternative Payment Arrangements Program.

☐ 5. If you qualify or do not qualify for the Income Based Payment Program, you may request a lower payment through the Alternative Payment Arrangements Program with BSAP.

☐ 6. Private insurance, Medicare, and Medicaid are currently not accepted. BSAP will provide you with a list of resources that may be able to help you pay for services.

☐ 7. 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.

☐ 8. 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.

☐ 9. A minimum monthly payment for services received will be due on the 1st of each month. Minimum monthly payments will be based on the information you provide in the Income Based Payment Program Application or Alternative Payment Arrangement Program Contract.

☐ 10. 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.

☐ 11. All services are $80.00 per session unless otherwise stated or advertised. The Alternative Payment Arrangement Program will reduce the per session fee from 5% - 25% depending on information provided and approval from the Board of Directors or their designee. 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.

☐ 12. You must keep in contact with BSAP regarding your account if unable to make minimum payments. If habitual delinquency in payment occurs without communication, BSAP may require payment of your past due account in full 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.

☐ 13. 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 APA Program Notice of Payment Policy & Contract. I understand that I am responsible for fees incurred for services received from BSAP and that, upon signing electronically or handwritten, this notice constitutes a legally binding agreement.

_____ _____
Signature of Responsible Party Date

Email for billing purposes: _____

Alternative Payment Arrangement Program Request
Big Sky Autism Project

Big Sky Autism Project (BSAP) will not deny services to anyone based on their ability to pay. Alternative Payment Arrangement (APA) may be requested at any time and is subject to the approval of the Board of Directors or their designee.

If you have not applied for or are choosing not to participate in the Income Based Payment Program, please complete Pages 1 and 2 of this form.

- APA requests are subject to proof of income for all earning household members from all sources, other resources for all household members, allowable deductions, and explanation for seeking alternative payment arrangements.
- *See Page 4 for Required Documentation*
  All requests require 1) Number of people in the household 2) Proof of Income from each household member 3) Proof of Other Resources for each household member & 4) Proof of Allowable Deduction.

If you have applied for the Income Based Payment Program and qualify / do not qualify but are requesting further consideration, please complete Page 1 of this form and provide a reason for your request on Page 2.

I, _____ (Print Name of Responsible Party), request to be considered for the Alternative Payment Arrangement Program so that I, or the individual I am responsible for, may receive services from Big Sky Autism Project (BSAP).

Please select one:

☐ I *choose* not to participate in the Income Based Payment Program. I am requesting consideration for a monthly payment based on my households' size and income, other resources, expenses, and have provided an explanation for seeking alternative payment arrangements. I have attached the required documentation.

☐ I qualify for the Income Based Payment Program but request a lower monthly payment than what I qualify for. I have attached my explanation for seeking alternative payment arrangements.

☐ I *do not* qualify for the Income Based Payment Program. I am requesting consideration for a lower monthly payment. I have attached my explanation for seeking alternative payment arrangements.

As the Responsible Party seeking services from BSAP, for myself or an individual I am legally responsible for, I feel I could reasonably be expected to pay the following monthly amount for services from BSAP:

$_____ due to BSAP on the 1st of each month.

Please note, the amount you list here is not guaranteed to be the minimum monthly payment. BSAP will take into consideration all information provided. A decision will be issued within seven (7) business days provided all required materials are received.

I acknowledge, with my electronic or handwritten signature below, that I have read and understand this is a request for an Alternative Payment Arrangement for services from Big Sky Autism Project and in no way guarantees approval of my request for a lower monthly payment for services.

_____ _____
Signature of Responsible Party Date

ADJUSTED GROSS INCOME FOR SERVICES

Total Number of People in Household:		
Total Gross Household Income:	$	
Total from Other Resources:	+	
Total Allowable Deductions:	-	
Adjusted Gross Income	=	

EXPLANATION FOR REQUEST: Please provide any information you feel may be helpful when we review this request for Alternate Payment Arrangements including reason for request. If not enough space is provided, please attach additional pages.

- I certify that I have provided true, complete, and accurate information on this application. I understand that providing false information will result in all reductions in fees to be revoked and the full service fees will be charged to my account(s) and immediately become due.
- I have provided all required documentation, including income verification, other resource and deduction documentation, for each income earning household member. I understand that if BSAP notifies me regarding missing documentation or needs additional information, I have 2 weeks to provide the information or my application may be denied.
- I understand that applying for the Alternative Payment Arrangement does not guarantee of fee reduction.
- I understand that I must report any significant changes to income or family size and I may be required to apply for redetermination for Alternative Payment Arrangement.
- I understand that I must maintain contact with BSAP regarding my account, late payments, and past due accounts and that services may be suspended if I do not respond to attempts from BSAP to settle past due accounts.
- I acknowledge that my signature below authorizes BSAP to confirm income disclosed on this request.

_____ _____

Signature of Responsible Party Date

REQUIRED DOCUMENTATION – APPLICATIONS WITHOUT PROOF OF INCOME, OTHER RESOURCES, OR DEDUCTIONS (IF APPLICABLE) WILL BE CONSIDERED INCOMPLETE AND MAY BE DENIED.

- Income verification for all earning household members (Please provide ONE per earner):
  - Most recent W-2
  - Prior year Federal Income Tax Return
  - Paystubs for the most recent 30 days
  - Most recently 3 months Statement of Earnings if Self-employed
  - Letter from Employer containing the following:
    - Pay frequency, hours worked per pay period, and pay rate (hourly or salary)
- Other resources for all household members:
  - Social Security Disability Income (SSDI) - letter from SSDI showing monthly benefit amount
  - Rental / Lease Income – Schedule E of the household members Federal Income Taxes showing Rental / Lease Income, or rental / lease agreement showing monthly rent amount.
  - Unemployment Benefits – unemployment benefits statement showing weekly amount
  - Veteran's Retirement – veteran's retirement statement showing monthly amount
  - Pensions – pension statement showing monthly amount
  - Alimony Received – provide copy of cashed check or divorce decree showing monthly amount received.
  - Dividends, Royalties, and Interest Earned – provide Federal Income Taxes showing yearly amount received or monthly statements of resources received.
- Allowable deductions with verification for all household members:
  - Alimony Paid - provide canceled check or bank statement showing payments
  - Pre-Tax Contributions for retirement, flex, HSA, health insurance – provide paystub detail showing pre-tax deductions and amounts
  - Out of pocket Medical Expenses paid – billing statement from provider showing personal payments being made
  - Tuition and Fees – provide detailed billing statement and payment plan
  - Student Loan Payments and Interest – provide billing statement showing payments being made
  - Child Support Paid – provide monthly billing statement showing payments being made
  - Other expenses – provide description and billing statement showing payments being made. This does not guarantee deducted.

EXCLUSIONS FROM INCOME AND RESOURCES

- Do not include the following as income or resources:
  - Child Support Received, gifts and inheritance, Workers' Compensation, Veteran's Benefits, Military Allotments, Scholarships or Grants used for Educational Purposes, Supplemental Security Income (SSI) Benefits, Welfare and Public Assistance payments, Foster Care Payments, Adoption Subsidies. *Verification may be required if claiming these sources as the only household income.*