Logo, company name

Description automatically generated

ASD SCREENING ASSESSMENT PAYMENT TERMS & CONDITIONS

**Fees and Services**

Our fee for ASD Screening Assessments undertaken will be £80.00, which includes the assessment session and the detailed report.

Payment must be paid in full prior to your appointment taking place, failure to make payment prior to your scheduled appointment date will result in your appointment being cancelled. Charges will apply, please see further details below.

We currently accept payment via BACS and full payment details can be found on your invoice.

Arrangements can be made for payment to be made by Credit Card via Paypal if required. Please inform us if you need to pay via credit card and we will be happy to send you a payment request via Paypal.

Prices are subject to change.

**Cancellation Charges**

We reserve the right to cancel your appointment should you fail to make payment in full prior to your scheduled appointment.

You reserve the right to cancel your ASD Screening Assessment at any time prior to your appointment taking place.

Full refunds will only be given where cancellation is received at least 48 hours prior to your scheduled appointment and when you do not wish for your appointment to be rescheduled.

Cancellations resulting from failure to pay in full, or cancellations received with less than 48 hours notice will still be charged a fee of £40.00. This fee will be charged even if you wish to reschedule your appointment.

We reserve the right to take further action to recover any monies owed to us, and you (the client) will be liable for any costs The Butterfly Room incurs as a result of us having to take further action. Further action can include instructing a debt collection agency and/or legal action.

Terms and conditions are subject to change.

I hereby confirm that I have read, understood and agree to adhere to these terms and conditions as outlined.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please ensure that you return a signed copy of these terms and conditions to [diagnostics@thebutterflyroom.org](mailto:diagnostics@thebutterflyroom.org) prior to your initial phone consultation taking place.