FINANCIAL AND CANCELLATION POLICY

Anthony Vario, LLC

Effective date: August 8, 2026 | Practice contact: Anthony Vario, LICSW
Email: anthony@anthonyvariollc.com | Telephone: (401) 484-1616

PLEASE REVIEW THIS POLICY CAREFULLY. IT EXPLAINS FEES, INSURANCE RESPONSIBILITIES, PAYMENT REQUIREMENTS, AND CANCELLATION CHARGES.

Professional Fees

Fees for initial diagnostic evaluations and individual psychotherapy range from $175 to $225 per service, or the applicable contracted insurance rate. The amount charged depends on the service provided, its duration, and any applicable payer contract. Fees may change with reasonable advance notice.

Payment

Payment is due at the time services are provided. Major credit and debit cards are accepted. Clients must maintain a valid payment method through the Practice's designated secure payment platform unless another arrangement has been approved in advance. Receipts are available upon request.

The Practice may charge the securely stored payment method for private-pay fees, copayments, deductibles, coinsurance, patient-responsibility balances, and applicable missed-appointment or late-cancellation fees. Credit-card and banking information should never be sent through ordinary email, text message, or an unsecured form.

Insurance

Anthony Vario, LLC participates with select insurance plans. Insurance is an agreement between you and your health plan. Verification of eligibility or benefits is not a guarantee that a claim will be paid.

You remain responsible for:

- Copayments, deductibles, and coinsurance.
- Services your plan excludes or determines are not covered.
- Claims denied, reversed, recouped, or applied to your deductible.
- Charges resulting from inaccurate, incomplete, or outdated insurance information.
- Obtaining referrals or authorizations required by your plan when applicable.

Please notify the Practice promptly of changes to your insurance coverage. If the Practice is unable to bill your plan because current information was not provided, you may be responsible for the service charge, subject to applicable law and payer requirements.

Consultation-Related Services

Some consultation-related services may be eligible for insurance reimbursement when they are clinically appropriate, provided as part of covered behavioral health treatment, and billed under an applicable clinical code. Coverage cannot be guaranteed. You should verify benefits with your health plan before scheduling a service for which coverage is uncertain.

Cancellations and Missed Appointments

Appointments are reserved exclusively for you. Please provide at least 24 hours' notice when canceling or rescheduling an appointment. Appointments canceled with less than 24 hours' notice and missed appointments are subject to a $119 fee.

Insurance plans generally do not pay this fee, so you are responsible for the charge. The fee may be waived when required by law or payer contract, or at the Practice's discretion in exceptional circumstances. Repeated missed appointments may require review of the treatment schedule.

Services Outside Scheduled Appoint

Professional work requested outside a scheduled psychotherapy appointment may involve an additional fee. Examples include:

- Treatment summaries and record preparation beyond routine access requests.
- Disability, FMLA, accommodation, or other documentation.
- Extended consultation or coordination calls.
- Letters, forms, reports, or administrative work requiring clinical review.
- Court-related preparation, testimony, or legally requested services not covered by insurance.

Whenever possible, the scope, expected fee, and anticipated completion time will be discussed before work begins. Completion of documentation is not guaranteed merely because it is requested; requests must be clinically supportable and within the Practice's professional role.

Balances and Payment Arrangements

Please contact the Practice promptly if you anticipate difficulty paying a balance. When feasible, a reasonable payment arrangement may be considered. Except when prohibited by law or payer requirements, the Practice may pause non-emergency services after notice when a balance remains unresolved.

Unpaid balances may be referred for lawful collection after reasonable notice. Only the minimum information necessary for collection will be disclosed. You remain responsible for valid charges already incurred even if treatment ends or payment authorization is later revoked.

Good Faith Estimates

If you are uninsured or choose not to use insurance, federal law gives you the right to receive a Good Faith Estimate of the expected cost of scheduled care. You may also request an estimate before scheduling. The estimate is not a contract and may change if your treatment needs or requested services change.

If a bill is at least $400 more than the Good Faith Estimate for that provider or facility, you may be eligible to use the federal patient-provider dispute-resolution process. Information is available at www.cms.gov/nosurprises or by calling 1-800-985-3059.

Questions and Changes

Questions about a charge should be directed to Anthony Vario, LLC at anthony@anthonyvariollc.com or (401) 484-1616. This policy may be revised. Material changes will be communicated with reasonable advance notice and a current version will be available upon request or on the Practice's website.

Client Acknowledgment

A separate electronic acknowledgment may be used to document that you received, reviewed, and agreed to this Financial and Cancellation Policy. The acknowledgment does not limit rights available under applicable law or an insurance contract.