

KATHY BRAUN, PT FINANCIAL INFORMATION

1. **Kathy Braun, PT, ATC** is a private, independent physical therapy practitioner licensed in the District of Columbia. (DC PT0871 and NPI#1386609774)
2. Kathy Braun, PT is considered a “Non-Participating Provider” with most commercial insurance carriers (such as Carefirst BCBS, Aetna, Cigna, and United Health Care). This is sometimes also called being an “Out-of-Network” (OON) provider.
3. Many commercial insurance companies offer Out-of-Network (OON) benefits. They will usually reimburse a portion of the PT service after a deductible is met. Check with your individual insurance plan to see if these benefits are available.
4. Kathy Braun provides a special service through the [Reimbursify](#) APP for assisting clients use their Out-of-Network benefits to submit claims easily at no extra expense. The [Reimbursify](#) APP will provide both Benefit Verification and free claims submission processing through your smartphone or online via kathybraunpt.com.
5. For the Medicare plan, Medicare PART A is for Hospitalization and Medical PART B is for Outpatient Services and Diagnostics. Physical therapy is an Outpatient Service under PART B. Many individuals *opt-out of Medicare’s PART B* (Outpatient Services and Diagnostics) with its many limitations and use other Commercial Insurances for these services instead. (i.e., BC/BS, United Health Care, or Aetna.)
6. If you have Medicare only for PART A and pair it with a Commercial Insurance for all your outpatient and diagnostic services, *then* there may be reimbursement under the Commercial Insurance’s Out-of-Network (OON) benefits. Check your plan.
7. In addition, Medicare “Advantage Plans” will often reimburse for Out-Of-Network (OON) providers. However, there are many Advantage Plans, therefore you need to contact your individual Advantage Plan to checked for possible OON benefits.
8. Traditional Medicare Part B *will not* accept claims for Out-of-Network providers.
9. If you are a client that normally qualifies for Medicare insurance benefits, you must sign an acknowledgement and agreement that you are choosing by free will to seek physical therapy and fitness services outside of the Medicare system.

This Agreement and MEDICARE’S “[Advanced Beneficiary Notice](#)” (ABN) is provided.

10. Payment for physical therapy services is expected at the time of service. Payment for services is offered by check and credit card.

Patient Signature

Date