

KATHY BRAUN, PT MEDICARE 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. For the Medicare plan, Medicare PART A is for Hospitalization and Medical PART B is for Outpatient Services and Diagnostics. Physical therapy is considered 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. (Locally, this might be Carefirst BC/BS, United Health Care, Cigna or Aetna.)
4. Traditional Medicare PART B will not accept claims from Out-of-Network providers.
5. 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 your Commercial Insurance's Out-of-Network benefits. Check your plan.
6. 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.
7. 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.

8. As part of a "Good Faith Estimate" for physical therapy services, the treatment Fee Schedule is provided. The fee rate is also provided on the ABN form.
9. 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