MAKING THE MOST OF YOUR DOCTOR VISIT

Preparing for Your Doctor's Visit

You may feel overwhelmed by concern, fear, and anxiety at a doctor's appointment. This is normal. Caregivers are often unable to recall much of what the doctor said. However, it is important to understand the specifics of your loved one's diagnosis.

Keep these tips in mind:

- Don't be afraid to ask questions to learn about the needs of your loved one. Bring a list of questions with you.
- Bring photos or videos of your loved one's symptoms.
- Take another family member or support person with you.
- If you need translation, interpretation, or other communication support, make this known when scheduling your appointment.
- Ask for any written information about the diagnosis (including medical details). Read this when you get home.
- Ask the doctor to explain the information to other family members. This will allow you to talk about it more at home.
- Ask for information about how the diagnosis will affect your loved one and your day-to-day lives.
 Ask about services that can help.
- Arrange for the next appointment with your loved one's neurologist. This will allow you to ask further questions once you have digested the information.
- Take time to process the information given to you.



5 WAYS to Make the Most of Your **DOCTOR VISIT** Being able to **talk with your doctor** is important, especially if you have health problems or concerns. Use these TIPS to make the most of your doctor visit. Prepare for your visit. Be ready to ask three or four questions. Share your symptoms, medicines or vitamins, health habits, and any major life changes. Take notes or ask for written materials. Don't be afraid to ask the doctor to repeat or clarify important information. Make decisions with your doctor that meet your needs. Discuss risks, benefits, and costs of tests and treatments. Ask about other options and preventive things you can do. Be sure you are getting the message. If you have trouble hearing, ask your doctor to face you when talking and to speak louder and more clearly. Tell the doctor if you feel rushed, worried, or uncomfortable. You can offer to return for a second visit or follow up by phone or email. Learn more about communicating with your doctor. https://www.nia.nih.gov/health/ doctor-patient-communication

FIND A DOCTOR OR LGS COMPREHENSIVE CARE CENTER

What is a Neurologist?

Neurologists are doctors who specialize in treating diseases of the brain and spinal cord. To become a neurologist in the United States, one must graduate from medical school, then complete a neurology residency for four years.

What is an Epileptologist?

Epileptologists are neurologists who specialize in caring for those with epilepsy. To become an Epileptologist, one must first become a neurologist and then complete an additional one or two years of epilepsy subspecialty training.

Find a Doctor

Are you looking for a doctor who knows about LGS?

Check out our list.

Professionals listed on this site have treated patients with Lennox-Gastaut Syndrome and/or related disorders. Many have been recommended by LGS families in our community of support.

Find or Recommend a Doctor









Find an LGS Comprehensive Care Center

Individuals with Lennox-Gastaut Syndrome have complex and lifelong neurological and medical needs that are unique. Often, a local care team is not familiar with LGS or may not have had another patient with this diagnosis. A visit to a Comprehensive Care Center will benefit the patient and family, allowing them to connect with knowledgeable experts and form a bridge to their local care provider when complex issues arise.

To qualify as an LGS Comprehensive Care Center, the center is expected to:

- Offer a multidisciplinary approach for the treatment of Lennox-Gastaut Syndrome
- Have a high concentration of expertise and related resources centered on LGS
- Demonstrate a strong knowledge base and familiarity with LGS
- Commit to furthering clinical knowledge of LGS through collaboration with others, including the LGS Foundation
- Have involvement in studies and/or clinical trials for Lennox-Gastaut Syndrome and are knowledgeable about new treatments and cutting-edge research

Find or Recommend





DOCTOR VISIT TRACKER

Keep Track of Doctor Visits and Notes

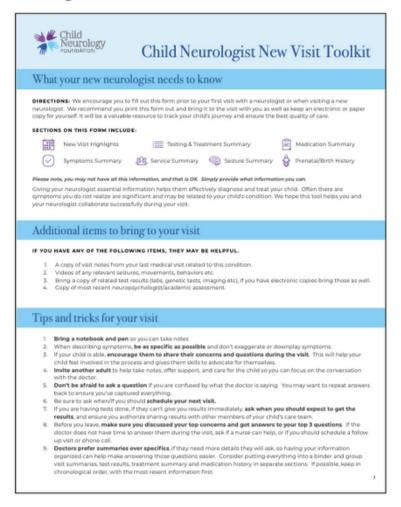
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MEETING A NEW NEUROLOGIST OR EPILEPTOLOGIST

Are you meeting a new doctor soon? It's important to bring the right information with you when you do.

This toolkit from our friends at the Child Neurology Foundation might help.

In English:



In Spanish:



Download Toolkit

Get the Toolkit. It's available in English and Spanish!



Download Toolkit





HOW TO NAVIGATE INSURANCE DENIALS

I just received an insurance denial. What happens now?

Receiving a coverage denial notice for yourself or your loved one can be stressful, frustrating, time-consuming, and complicated. The first step in managing the denial process is to understand the reason for the denial so you can take steps to try to appeal and resolve it. To help navigate the process, below are some tips on denials, appeals, and where to find more information.

What are some common reasons for denials?

- Review the Explanation of Benefits (EOB), a document from your insurance company that provides information about your claims, or the denial letter to identify the reasoning behind the denial. If you are unsure of the reason for denial, contact your insurance company or healthcare team for an explanation.
- Some common reasons medications are denied include:
 - There may have been a processing error: examples include a missing authorization code, the paperwork was not filed in a timely manner, or payment was not received.
 - There are limits on the amount of medication (dose, quantity, or intervals between doses) you can receive.
 - The insurance company has a medication formulary (a list of medications that it covers) that prefers you use a generic or biosimilar medication rather than the prescribed brand name medication.
 - The medication is non-formulary, meaning it is not covered by your insurance plan.
 - A pre-authorization is required by your insurance company prior to receiving the medication.
 - The insurance company requires you to try and fail another medication(s) first before providing coverage for your prescribed treatment. This is also known as step therapy or fail first.

Appealing a Denial

- When you file an appeal, you are asking your insurance company to reconsider its decision of denying coverage for a specific medication, treatment, or service. Depending on your insurance plan, there may be a deadline for filing an appeal, so pay attention to timelines for submission. Most of the time, your doctor's office will handle submitting an appeal, but patients have the option to submit an appeal letter as well. Contact your healthcare team for support when writing your appeal letter, as they may have templates or helpful information to include. After you submit, follow up with your insurance company and confirm they received your appeal letter and that the appeal is being processed.
- Helpful tips when writing an appeal letter:
 - When writing your appeal letter, clearly state the purpose is to appeal a decision. Include the policy number, claim number, date of service, and your completed contact information (home address, best phone number, and email address). Be as concise as possible, and include only facts related to the denial reason. Check for spelling and grammar errors. You want to include a letter(s) from your healthcare team documenting your personal LGS journey and showing medical necessity for the denied medication, treatment, or service, as well as copies of any relevant medical records.
 - When sending your letter, be sure to include any of the items below as supportive documentation:
 - A copy of the denial letter or Explanation of Benefits (EOB).
 - A copy of any bills received (if applicable).
 - A copy of the completed appeal form from the insurance company.
 - If needed, an 'Appointment of Representative' Form which allows you to name someone to make medical decisions for you.
 - Letter of medical necessity from your healthcare team and any other supportive letters.
 - Relevant medical records related to the denial.
 - Supportive peer-reviewed journal articles.

• Remember

- File appeals in a timely fashion and pay attention to deadlines there are often short windows during which an appeal can be filed after a claim is denied.
- Keep all copies of correspondence from your doctor's office and the insurance company.
- Keep a record of all names/titles of everyone you speak to and any case or authorization numbers.
- o Only send copies of documents and keep all originals on file for reference.

