



CANCER SUPPORT
COMMUNITY
COMMUNITY IS STRONGER THAN CANCER



**GILDA'S
CLUB**

ORGANIZATION SYSTEM

File #1: *Patient Information form* – a Master form for pertinent patient information. Form puts all the important names/numbers and medicine information in one place for easy access by you or, in case you are not up to it, by someone else who can refer to it and get results.

File #2: *Favorites* form to help you help others give thoughtful inexpensive gifts.

File #3: *Questions to ask your Doctor* - pad of forms to help you remember what you need to ask when you're in front of the doctor.

File #4: *Referral Form* - pad of forms to keep track of appointments with your primary care physician & other doctor appointments with referral data (number of visits, referral number, etc.).

File #5: *Insurance Explanation of Benefits (EOB)* – section to file what your Insurance or Medicare paid to whom, for what, and on what date.

File #6: *Medicare and Social Security* information.

File #7: *Pharmacy* explanation sheet of medications, prescriptions, dosage, side effects, etc. This section is for the sheets that are usually attached to your prescription.

File #8: *Doctors' reports*, doctors' notes, and test results that you can request from the hospital and keep in one place.

File #9: *Business Cards* - A plastic sheet to hold business cards of Doctors, Nurses, hospital specialists, etc.

File #10: *Bills & Receipts*.

File #11: *Miscellaneous*.

File #12: *Miscellaneous*

For information, support and additional resources,
contact the Cancer Support Community
at 1-888-793-9355 or visit our website at www.cancersupportcommunity.org

PATIENT INFORMATION FORM

NAME: _____

ADDRESS: _____

TOWN: _____

STATE: _____ ZIP CODE: _____

HOME PHONE: () _____

WORK PHONE: () _____

CELL PHONE: () _____

EMAIL ADDRESS: _____

PERSON TO CALL IN EMERGENCY

NAME: _____

HOME PHONE: () _____

WORK PHONE: () _____

CELL PHONE: () _____

EMAIL ADDRESS: _____

RELATIONSHIP: _____

INSURANCE NAME: _____

ADDRESS: _____

TOWN: _____

STATE: _____ ZIP CODE: _____

PHONE: () _____

INSURANCE GROUP #: _____

SECOND CONTACT PERSON

NAME: _____

HOME PHONE: () _____

WORK PHONE: () _____

CELL PHONE: () _____

EMAIL ADDRESS: _____

RELATIONSHIP: _____

DO YOU HAVE ANY ALLERGIES OR CONDITIONS? ☐ YES ☐ NO

IF YES, PLEASE LIST: _____



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PHARMACY NAME: _____

PHARMACY ADDRESS: _____

PHARMACY PHONE: _____

CURRENT DOCTOR'S NAME:

TYPE OF DOCTOR:

HOSPITAL NAME:

ADDRESS:

PHONE:

OFFICE MANAGER'S NAME:

NURSE'S NAME:

INTERN'S NAME:

HOSPITAL ID CARD #: _____

HOSPITAL NAME: _____

HOSPITAL PHONE: _____

PRIMARY CARE DOCTOR'S NAME:

TYPE OF DOCTOR:

HOSPITAL NAME:

OFFICE MANAGER'S NAME:

ADDRESS:

PHONE:

FAX NUMBER:

PATIENT PORTAL-WEBSITE: _____

USER NAME: _____

PASSWORD: _____

CURRENT MEDICATION	MG	TIMES PER DAY
NAME: _____	_____	_____
NAME: _____	_____	_____
NAME: _____	_____	_____
NAME: _____	_____	_____
NAME: _____	_____	_____
NAME: _____	_____	_____
NAME: _____	_____	_____



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FAVORITES FORM

Favorite Foods

Favorite Desserts

Favorite Ice Cream/
Shakes

Favorite TV Shows

Favorite Movies

Favorite Places

Favorite Music

Favorite Books

Favorite Actors/
Actresses

Favorite Restaurants

Favorite Sports

Favorite People

Favorite Flowers

Favorite Hobbies

Favorite Magazines/
Newspaper

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QUESTIONS TO ASK YOUR DOCTOR

Patient Name: _____

Patient Number: _____

Doctor's Name: _____

Doctor's Number: _____

Dr's Fax Number: _____

Nurse's Name: _____

Nurse's Number: _____

Intern's Name: _____

Spoke with on (date): _____

Left message on: _____

QUESTIONS?

Test results: _____

Answers: _____



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REFERRAL # FORM

Primary Care Physician: _____

Phone: _____

Today's Date: _____

Spoke with: _____

Date of Appointment: _____

Reason for Appointment: _____

Doctor's Name: _____

Kind of Doctor: _____

Kind of Appointment: _____

Treatment/or Test: _____

Doctor's Phone #: _____

Doctor's Fax #: _____

Is this doctor part of your Healthcare Network? _____

If not, you need an Out of Network Referral Number: _____

Referral number given: _____

How many visits? _____

Time frame good until date: _____

Referral number given by name of person: _____

Who will call the doctor with referral? _____



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Health Insurance And Cancer

More paperwork than you could ever imagine! More than once I said if it was just only cancer that I was dealing with, then it wouldn't be as bad, but with the paperwork it is insane – almost insurmountable.

First you have to realize that insurance is an enormous business. So keeping accurate records is imperative. Also getting their language codes, dates of service, Doctors' numbers, etc., are necessary to succeed together. Your referral forms, Doctors' names and addresses, hospital names, dates of procedures, and who referred you and why, are all your responsibility.

You will see a whole new language on why some costs are paid or not paid, on when a payment is paid (and how much), and how much you owe, etc.

1. In Network Versus Out of Network

The first thing you need to know is "in network" and "out of network". First ask if the Doctor or service is "in network" so it will be paid. If it is "out of network" it can be done but there is a different pay scale and a lot of paperwork required. "Out of Network" needs a special approval to be paid, with a special referral number and pre-approval from your insurance company. For example, if you need something done and there is no one in your area that does it, then they could make an exception.

2. EOB – Explanation of Benefits

The Explanation of Benefits tells you what has been paid on your behalf. It provides date of service, amount paid, amount denied, and amount you might owe (for example, if you haven't met your individual or family deductible, etc.). Keep track of these in a folder because the process is lengthy on paying out, and sometimes you will get billed from the hospital.

I found it is better to wait until your insurance has sent you an EOB. Then you can see what is not paid and you can call to see why and when it will be paid. Then you can communicate this to the hospital. *Never be afraid to ask for a manager to resolve your issues.*

3. Referrals

Most insurance companies want a referral from a Doctor and an assigned referral number approved by them. Keep track of these referral numbers so that payment does not get denied. Keep track of the date you got it and the person(s) name(s), title, and phone number and extension.

If your Doctor's office takes care of this all for you, then ask for a copy for your records. If you cannot get an important referral number that you need, then ask for someone higher up. Just keep going up the chain until you get the referral and number. Have your Doctor's name, telephone number, diagnosis code and reasons why you need the referral on hand.

4. Disability – Social Security/Private Disability

The most common mistake when beginning the disability process is that old saying "garbage in, garbage out". It is not that you are to blame, because most people are not equipped for these extensive forms and seemingly tedious questions. Not to mention that you are probably overwhelmed by the diagnosis, new paperwork, treatment plans, etc. But it is very important to take your time and have a clear head and maybe someone to help you when you are filling out any disability paperwork.

- a. The first question is what is the date of onset – when this all started. I would say that it is usually the date of the biopsy and when you get the first pathology report.
- b. Next you need to describe your daily routine and employment description. I found that with very few exceptions, people minimize what their job responsibilities are, as well as their daily routines. In the wake of this new diagnosis you need to really try not to think that in the scope of things what you did was not much. You need to think of everything you do – hobbies, volunteer work, athletics, exercise, all job-related activities and all the skills required to perform these competently. This might include meeting project deadlines, providing good communications, working "good under pressure", coordinating events, follow-up, clear...
- c. After you fill out everything you did, have someone read it over independently. You may be missing something you might think is menial but is important to you

to function daily. Examples include planning and cooking meals, grocery shopping, driving, housekeeping, gardening, or playing tennis.

- d. Always keep a copy of what you originally submit.
- e. Have someone explain your benefits and read the boundaries.
- f. Private Disability - If you have private disability coverage, determine what your obligations are. Are Monthly reports required? Quarterly reports? Yearly reports? No reports? Do you need to provide the medical reports or do they obtain them? If they do obtain the records on their own, you should get copies with your Doctors' authorization at the Medical Records Departments of your hospital, to have for your records.

5. The Emotional Side of Disability

Some people have told me that they feel terrible having to be on disability. These people are proud and have always worked to provide for themselves and their family. Sometimes you feel a big loss of identity and loss of control. It can feel degrading. As one put it bluntly, it is the worst way ever to receive a check.

But if you think of it this way: instead of putting in to social security for years and years or paying a premium for your disability insurance, if you put it into a rainy day fund and never touched it would you feel the least bit guilty or at all badly about withdrawing it for this rainy day? No, because that is what this money was intended for. So try to realize that it is not a handout, it is your rainy day account money that you have invested in for many years. You have paid in to this rainy day and you deserve to use your invested money that you have set aside with each paycheck in social security and insurance premiums. This was your safety net to get better, not feel guilty or embarrassed, and to get stronger and take your life back. Some people, as with any company, are great to deal with, compassionate and helpful, but there are a few that can intimidate and make you feel defensive at a vulnerable time-even harassed.

So if someone you are dealing with is making the process more difficult and is not compassionate and helpful, simply ask for someone else and keep asking until you get a good fit. Get someone that is going to help make it easier and not add more anxiety to an already potentially vulnerable situation. Be courteous, polite and cooperative but keep your dignity and get the respect you deserve. As Ghandi once said, "They cannot take away our self-respect if we do not give it to them."

Social Security Disability

Phone #: 1-800-772-1213

For deaf or hard of hearing: 800-325-0778 (TTY)

Website: www.ssa.gov/disability

Medicare

Phone #: 1-800-medicare

(1-800-633-4227)

For deaf or hard of hearing: 877-486-2048 (TTY)

Website: www.medicare.gov

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NAME: _____

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TOWN: _____

STATE: _____ ZIP CODE: _____

HOME PHONE: () _____

WORK PHONE: () _____

CELL PHONE: () _____

EMAIL ADDRESS: _____

PERSON TO CALL IN EMERGENCY

NAME: _____

HOME PHONE: () _____

WORK PHONE: () _____

CELL PHONE: () _____

EMAIL ADDRESS: _____

RELATIONSHIP: _____

INSURANCE NAME: _____

ADDRESS: _____

TOWN: _____

STATE: _____ ZIP CODE: _____

PHONE: () _____

INSURANCE GROUP #: _____

SECOND CONTACT PERSON

NAME: _____

HOME PHONE: () _____

WORK PHONE: () _____

CELL PHONE: () _____

EMAIL ADDRESS: _____

RELATIONSHIP: _____

DO YOU HAVE ANY ALLERGIES OR CONDITIONS? ☐ YES ☐ NO

IF YES, PLEASE LIST: _____



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PHARMACY NAME: _____

PHARMACY ADDRESS: _____

PHARMACY PHONE: _____

CURRENT DOCTOR'S NAME:

TYPE OF DOCTOR:

HOSPITAL NAME:

ADDRESS:

PHONE:

OFFICE MANAGER'S NAME:

NURSE'S NAME:

INTERN'S NAME:

HOSPITAL ID CARD #: _____

HOSPITAL NAME: _____

HOSPITAL PHONE: _____

PRIMARY CARE DOCTOR'S NAME:

TYPE OF DOCTOR:

HOSPITAL NAME:

OFFICE MANAGER'S NAME:

ADDRESS:

PHONE:

FAX NUMBER:

PATIENT PORTAL-WEBSITE: _____

USER NAME: _____

PASSWORD: _____

CURRENT MEDICATION	MG	TIMES PER DAY
NAME: _____	_____	_____
NAME: _____	_____	_____
NAME: _____	_____	_____
NAME: _____	_____	_____
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Use Your Strengths Worksheet

1. I am a good _____.
(Example: friend, sister, mother, grandmother)
2. I am great at _____.
(Example: baking, listening, fishing, reading, speaking up, making people feel special, teaching)
3. I love to _____.
(Example: travel, go out to dinner, read, go to the movies, take walks)
4. I want to _____.
(Example: travel more, plant, learn photography, give myself a break)
5. I will _____.
(Example: try to eat healthier, exercise/walk, spend more time with my friends, take more baths, eat a sundae, indulge)
6. I have a lot of _____.
(Example: spunk, tenacity, love, fight, willpower, patience, grace, intelligence)
7. Use your strengths to get "Through it". Finish this sentence.
My best strengths are _____

8. People describe me as (use 3-5 adjectives):
_____, _____, _____,
_____, _____
9. I describe myself as:
_____, _____, _____,
_____, _____

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Important Points

- You don't need super powers to be a super hero.
- The search for that one person that is going to get you through this is never ending, but **it always comes back to you.** You need to get yourself through it your way, doing what's best for you.
- Give yourself "**A Pass**" when needed (No one is good at this).
- Decide you are going to get through this. Be part of the good statistics.
- Keep being a "**Patient in Perspective**". Do something you like. Do something for yourself. **Often.**
- "**Communicate**" – be your own best advocate. (Speak up)
- **3 Day Rule: Never go 3 days** without taking a shower, getting dressed and doing something other than being a patient.
- Get a glimpse of yourself and recognize your strengths. **You have tremendous attributes. Use your strengths.**
- **Make a plan in your mind and set small goals. I will...and do it.**
- **You are so much more than a patient. You can do this. You have the power.**

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FAVORITES FORM

Favorite Foods

Favorite Desserts

Favorite Ice Cream/
Shakes

Favorite TV Shows

Favorite Movies

Favorite Places

Favorite Music

Favorite Books

Favorite Actors/
Actresses

Favorite Restaurants

Favorite Sports

Favorite People

Favorite Flowers

Favorite Hobbies

Favorite Magazines/
Newspaper

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A Pass™

- No one, and I'm talking no one, knows how to behave with cancer. There is no training manual that tells you how to deal with this new level of "fear". (Your emotions are running high, right off the charts.)
- The guilt, anger, frustration; it takes a while to get your head around it. Give yourself "**A Pass™**". Don't be so hard on yourself.
- If you do not behave like yourself, it's normal (Give yourself **A Pass™**).
- If you are not appreciative of something, it's normal (Give yourself **A Pass™**).
- If no one can say anything right, it's normal (**A Pass™**). I once said to someone very close, "It's not that you are doing anything wrong, it's that you are not doing anything right". I really didn't know what 'right' was. What was right to say or do to me on Tuesday was entirely different than on Thursday.



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A Pass™

- So maybe every now and then you might need to give someone else **(A Pass™)**
- If you do not want to be around people you usually love being around, it's normal. **(Give yourself A Pass™)**
- If you just want to shut down, it's normal. **(Give yourself A Pass™)**
- If you are not feeling optimistic (that day, weekend, week). **(Give yourself A Pass™)**
- You have as many individual passes as you need, and there is no expiration date, **but** never can you shut down & shut everyone out for more than 3 days.
- Everyone is so hard on themselves... So give yourself... **A Pass™**



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