Referral Checklist

☐ Referral from your physician

☐ Medical records (from the past year) including any pertinent lab work

☐ Brain imaging (CT, MRI, PET, etc.), if any, copied to a CD or film

☐ Patient and insurance demographics (address, contact number and front and back copies of insurance cards)

☐ Contact If the patient is not the contact, please list the appropriate contact person name and their direct line

☐ Insurance authorization for CPT codes:
  99205 (neurological exam)
  96118 x 5 units (neuropsychological testing)
  96116 x 1 unit (neurobehavioral exam)

When required, it is your responsibility to work with your referring physician to obtain prior authorization to your appointment. If you have Medicare, we do not need prior authorization.

Please mail or fax to:
University of California, San Francisco
Memory and Aging Center Box 3017
1500 Owens St, Ste 320
San Francisco, CA 94143
Fax: (415) 353-8292
Tel: (415) 353-2057
memory.ucsf.edu

Once all information is received, the referral is carefully reviewed by our team to determine the most appropriate evaluation. Our office will contact patient or family directly within a week or two for scheduling.

We understand there are varying degrees of urgency for patient consultations. If a patient requires more urgent attention, please call the center to speak with one of our clinicians.

For further information please give us a call or visit our website. We look forward to working with you.

—UCSF Memory and Aging Center Clinic