

## Fein Memory and Aging Center Clinic Referral Checklist

**Referral intake form** ([refer.ucsfhealth.org](http://refer.ucsfhealth.org)) filled out by referring physician

**Medical records** (from the past year) including a description of the symptoms for which you are referring and any pertinent lab work

**Brain imaging** (CT, MRI, PET, etc.), mail disc to office or push through Life Image

**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:

NPI: 1639278369

Tax ID: 943281657

*When required, it is the responsibility of the referring doctor to obtain prior authorization for the appointment. If authorization is not required, please provide us with a reference number and documentation on a cover sheet.*

**For neurobehavioral exam:**

99205 (neurological exam)

96136 × 1 unit (neuropsychological testing)

96137 × 3 units

96132 × 1 unit

96133 × 3 units

**For genetic counseling:**

96040 × 2 units

S0265 × 4 units (only used if first code is not authorized)

**Please mail or fax to:**

UCSF Department of Neurology  
Fein Memory and Aging Center, Box 3017  
1651 4th St, Suite 212  
San Francisco, CA 94143

Fax: 415.353.8292

Tel: 415.353.2057

[memory.ucsf.edu](http://memory.ucsf.edu)

If we are missing referral documentation, we will communicate with your office directly. Once all items from the checklist are received, the referral is carefully reviewed by our triage team. If appropriate for our clinic, our office will contact your patient directly to schedule.

For further information please visit our website. We look forward to working with you.

—UCSF Edward and Pearl Fein Memory and Aging Center Clinic