

Memory and Aging Center Clinic

Department of Neurology
Box 3017
1500 Owens Street, Suite 320
San Francisco, CA 94143

www.ucsf.edu
memory.ucsf.edu

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Director

tel: 415.353.2057
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Referral Checklist

Referral from 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)

96136 × 1 unit (neuropsychological testing)

96137 × 3 units

96132 × 1 unit

96133 × 3 units

When required, it is the responsibility of the referring doctor to obtain prior authorization for the appointment.

Please mail or fax to:

University of California, San Francisco
Memory and Aging Center Box 3017
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Tel: 415.353.2057

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Once all information is received, the referral is carefully reviewed by our team to determine if this is the right service for your patient. Our office will contact your patient directly once insurance authorization has been confirmed.

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

—UCSF Memory and Aging Center Clinic