

**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

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# 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

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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