

University of California
San Francisco



Department of Neuro-Interventional Radiology

Pulsatile Tinnitus Clinic

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Mailing Address:

University of California,
San Francisco
505 Parnassus Avenue,
L308 San Francisco, CA
94143

Referral Checklist

- ❖ **Referral** from your physician
- ❖ **Medical records** including any pertinent notes regarding your symptoms and imaging reports
- ❖ **Brain/Head/Neck Imaging** (CT, MRI/A, PET, etc.), if any, copied to a CD
- ❖ **Patient and insurance demographics** (address, contact number and front and back copies of insurance cards)
- ❖ **Insurance authorization** for CPT codes:
 - 99205 (evaluation) x2 units

When required, it is your responsibility to work with your referring physician to obtain prior authorization to your appointment. If your insurance does not require prior authorization please send a note with (call reference number, agent name, phone number, and message). If you have Medicare Part B, we do not need prior authorization

Please mail or fax to:

UCSF Pulsatile Tinnitus
Clinic
505 Parnassus Ave. L308 San Francisco, CA 94143
Ph: 415.502-3895
Fx: 415.502-4017

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 2-4 weeks for scheduling.

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

—UCSF Pulsatile Tinnitus Clinic