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