

Patient Name: _____ **DOB:** _____

Alzheimer and Memory Center

Neuropsychological Assessment Clinic

Loren I. Alving, MD
Director
Neurologist

Alex Sherriffs, MD
Co-Director
ABFM, Family Medicine

Danielle Malvini, D.O.
Family Medicine

Beverly Chang, MD
Psychiatrist

Jason Gravano, PhD
Neuropsychologist

Caterina Mosti, PhD
Neuropsychologist
Behavioral Sleep Medicine
Specialist

Andres Sviercovich, MSW
Social Worker

Anna Salazar
Patient Relations

OUTPATIENT SERVICES

MCI or DEMENTIA EVALUATION

OR

NEUROPSYCHOLOGY ONLY

NOT FOR MCI or DEMENTIA PATIENTS

- Diagnosis
- Diagnosis uncertain
- Re-evaluation (for established pts only)
- Second opinion
- OTHER: _____

DEMENTIA EVALUATION CAN INCLUDE:

- Neurological Examination
- Geriatric Evaluation (as needed)
- Neuropsychological Testing
- Psychiatric Consultation
- Multidisciplinary Team Conference
- Family Conference
- Social Work Services

Reason for Neuropsychological Testing:

- Clarify Diagnosis
- Functional Capacity Assessment
- Neurocognitive baseline
- Re-evaluation for known condition
- OTHER: _____

Neuropsychology Providers:

Jason Gravano, PhD
Caterina Mosti, PhD

- Note: If in the process of referral review a "neuropsychology only" patient requires a more comprehensive dementia workup, they will be referred for the full dementia evaluation

REQUIRED Patient Information / Please provide this information in order to facilitate this referral.

***** IF A MCI or DEMENTIA EVALUATION, THE PATIENT CANNOT BE USED AS A CONTACT PERSON *****

Authorized Contact Person: _____ Phone: _____

Is the contact listed the: Patient Caregiver If not patient, relationship to patient (required): _____

- Patient Demographics
- Copy of insurance cards (current / legible front & back)
- If SANTE, referral is required with 6 visits **(in addition to the 6 visits, prior authorization is required for Dx code: 90846 x 1 hours)**
- Progress notes (last 3 visits including initial consult note)
- CT/MRI/Pet Scan Reports
- Lab work (within last year)
- EKG / EEG Reports

THE AMC THANKS YOU FOR YOUR CONSIDERATION

CONTACT INFORMATION

Please note that the UCSF Fresno AMC is NOT in the Epic system

Referring Provider: _____ Phone: _____

Address: _____ Fax: _____

Contact in provider's office: _____ Phone: _____

PCP, if other than referring physician: _____

****If you would like for this referral to be expedited, refer your patient/patient's contact person to our website and download our new patient forms****

www.fresno.ucsf.edu/alzheimer-memory-center/

Our forms will need to be mailed or brought into the Center for processing. Your referral records will still be required. Contact to download forms AMC to mail forms

PROVIDER INFORMATION

Alzheimer & Memory
Center
2335 E. Kashian Ln., Ste 301
Fresno, CA 93701
Tel: 559-227-4810
Fax: 559-227-4167

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Social Worker

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Administrative Assistant
Patient Relations

NEUROPSYCHOLOGY ONLY PATIENT REFERRAL CHECKLIST

- Referral from physician (using AMC referral form)
- Medical Records (from the past year with initial consultation) including any pertinent lab work, brain imaging (CT, MRI, PET, etc. reports)
- Patient insurance demographics (front and back copies of insurance cards).
- Insurance authorization for neuropsychological CPT codes:
 - 96116 x 1 unit
 - 96121 x 1 unit
 - 96136 x 1 unit
 - 96137 x 12 units
 - 96132 x 1 unit
 - 96133 x 4 units

*When required, it is the responsibility of the referring doctor's office to obtain prior authorization for the appointments. If your patient is **Medicare or Sante**, this is not required, simply use the AMC referral form and for Sante please use the Sante referral form.*

Once all information is received and authorization has been confirmed, our office will contact the patient to schedule their appointment and mail any additional patient forms to complete prior to their appointment.

Please fax referral to: (559) 227-4167

TAX ID: 75-2989686
NPI: 1821014374