



Riverwalk
354 Merrimack Street
Lawrence, MA 01843
(978) 687-2321
Protected Health Information Fax: (978) 722-7287
www.neneuro.com

Division of Neurological Surgery
Howard M. Gardner, M.D., F.A.C.S.
Founder
Peter J. Grillo, M.D., F.A.C.S.
Medical Director
Bruce R. Cook, M.D., F.A.C.S.
Henry Y. Ty, M.D., F.A.C.S.
K. Sadashiva Karanth, M.D., F.R.C.S.
Robert A. Miller, M.D.
Ethan J. Dionne, PA-C
Robert LaPierre, PA-C

Division of Neurology
Neurology
Jonathan S. Moray, M.D.

Neurology/Epileptology
Arya Farahmand, M.D.
Lanny Y. Xue, M.D., Ph.D.

Neurology/Neuromuscular Disorders
Min Zhu, M.D., Ph.D.

Neurology/Movement Disorders
Shabbir A. Abbasi, M.D. MRCP (UK)

Neurology/Neuro-Oncology
Vladan P. Milosavljevic, M.D.

Neurology/Vascular Neurology
Andreas P. Schoeck, M.D.

Division of Pediatric Neurology
Neurology/Clinical Neurophysiology
Myrta I. Otero, M.D.

Division of Rheumatology
Maosong Qi, M.D., Ph.D.

Division of Physical Medicine & Rehabilitation
Physiatry
Elizardo P. Carandang, M.D.
Scott R. Masterson, M.D. CIME
Thomas P. Cody, M.D.
Paul M. Schoonman, D.C.

Division of Pain Medicine
Anesthesiology
Jeffrey A. Norton, M.D.
Michael C. Connelly, M.D.
Richard R. Riccardi, M.D.
Karine N. Ngoie, PA-C

Division of Neuro-Behavioral Medicine

Psychiatry
Marc M. Sadowsky, M.D.

Psychology
Robert A. Moverman, Ph.D.

Administration
Robert L. Wasserman, CEO

PERMISSION TO BILL AND TREAT

I _____ give permission for
 _____ (patient name)
 _____ to give me medical treatment
 _____ (provider name)

1. I allow New England Neurological Associates, P.C. to file for insurance benefits to pay for care I receive.

I understand that:

New England Neurological Associates will have to send my medical record information to my Insurance company.

I must pay my share of the costs.

I must pay for the cost of these services if my insurance does not pay or if I do not have insurance.

2. I understand that:

I have the right to refuse any procedure or treatment.

I have the right to discuss all medical treatments with my clinician.

Signature of Patient/Legal
 Guardian: _____

Date: _____

Serving New England Since 1969

10 George Street, Suite 300
 Lowell, MA 01852

One Parkway
 Haverhill, MA 01830

Doctors' Office Building
 21 Highland Avenue
 Newburyport, MA 01950

Medical Arts Building
 168 Kinsley Street
 Nashua, NH 03061

198 Littleton Road
 Suite 203
 Westford, MA 01886