



PERMISSION TO BILL AND TREAT

I give permission to Bill and Treat

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 _____

Riverwalk
354 Merrimack Street
Lawrence, MA 01843

Gateway Center
10 George Street, Suite 300
Lowell, MA 01852

Medical Arts Building West
168 Kingsley Street, Suite 1
Nashua, NH 03061

neneuro.com  
**354 Merrimack Street
Lawrence, MA 01843**

Doctor's Office Building
21 Highland Ave, Suite 12
Newburyport, MA 01950

**Northeast Rehabilitation
Hospital Outpatient Dept.**
70 Butler Street
Salem, NH 03079

Westford Commons
234 Littleton Road, Suite D
Westford, MA 01886

Phone for all locations:
(978) 687-2321

Fax for all locations:
(978) 722-7289