



REFERRAL WAIVER

I understand that I have an obligation to obtain a referral for specialist services from my primary care physician prior to being seen for an appointment.

I acknowledge that I do not have a referral for today's visit and will be responsible for payment for services received.



This waiver will be valid for all services rendered from this date forward as long as I remain a patient at New England Neurological Associates.

Signature: _____

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