

ASSIGNMENT OF INSURANCE BENEFITS

I request that payment of authorized insurance or Medicare benefits be made on my behalf to New England Neurological Associates, P.C. for service furnished me by New England Neurological Associates, P.C. I authorize any holder of medical information about me to release to the insurance company or to CMS (Centers for Medicare and Medicaid Services) and its agents any information needed to determine these benefits or the benefits payable for related Services.

I understand that if a MediGap policy or other health insurance is indicated on the claim form, my signature authorizes release of the information to the insurer or agency shown. I request that payment of authorized secondary insurance benefits be made on my behalf to New England Neurological Associates, P.C.

I understand my signature requests that payment be made and authorizes release of medical information necessary to pay the claim. In Medicare assigned cases, the physician or supplier agrees to accept the charge determination of the Medicare carrier as the full charge, and the patient is responsible only for the deductible, coinsurance and non-covered services. Coinsurance and the deductible are based upon the charge determination of the Medicare carrier.

This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered valid as original. I understand that I am financially responsible for all, whether or not paid by said insurance.

Signature of Patient/Legal Guardian: _____

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354 Merrimack Street
Lawrence, MA 01843

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

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

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

Chelmsford
25 Fletcher Street
Chelmsford, MA 01824

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

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