



CLIENT AGREEMENT FORM

I authorize direct billing to my insurance carrier and payment of medical benefits to New England Neurological Associates for services rendered. I authorize the release of medical records as needed for the processing of insurance claims and/or to satisfy the requirements of the insurance plan/payer of the claim. I understand that I am financially responsible for any balance not covered by my insurance, including copays, deductibles, non-covered services, and out of pocket expenses, and agree to pay the balance promptly. I understand that I am responsible for updating NENA with any changes to my demographics and/or insurance information. I authorize NENA to send text message billing statements reminders to the cell phone numbers provided. I understand that text message charges from my cell phone provider may apply at my expense.

REFERRALS: It is the patient's responsibility to obtain insurance referrals from their primary care physicians. (If you are a Worker's Compensation patient, please make sure they get you an authorization to see us. We also need Auto Accident or legal action information). **This must be done prior to your visit.**

COPAYS: Co-payments are a contractual agreement between you and your insurance company. **Co-payments must be paid at the time of your visit.** (Auto accident cases where the PIP is exhausted and their Health Insurance is being billed also must pay their copayments). There will be a **\$10.00 service charge** if we have to bill you. Also any past due balances will be required to be paid at the time of visit.

ACCOUNT BALANCES: The balance of the account is **due in full** within 30 days of services rendered. You may visit our on line secure payment section on our website: www.neneuro.com or through the Patient Portal. Payment plans if necessary, may be discussed with our Patient Services Representative or by calling our Billing Office.

RETURNED CHECKS: There will be a **\$20.00 processing fee** for returned checks.

APPOINTMENT CANCELLATION: If you are unable to keep an appointment, you must notify our office 24 hours before the scheduled appointment time. Since the insurance company will not pay for a missed appointment, you will be billed a **\$25.00** fee by NENA.

MEDICAL RECORD CHARGES: NENA incurs expenses for the processing and copying of medical records. The charge for this is a fee of \$6.50 per request. This fee must be prepaid and an appropriate signed release is required. The medical records clerk will call you when your records are ready to be picked up at the reception desk. NENA will not mail records.

COMPLETION OF FORMS ON BEHALF OF PATIENTS: Unless specifically prohibited by the agency in question, patients requesting a NENA Physician to fill out a form regarding insurance, disability, return to work, or other reason will be charged a fee of \$10.00, to be paid at time of request.

Signature of Patient: _____

Riverwalk
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

Phone for all locations:
(978) 687-2321
(603) 882-2114

Fax for all locations:
(978) 722-7289