



INSURANCE COVERAGE WAIVER

I understand that my eligibility for coverage cannot be confirmed at this time.

I wish to receive medical services from New England Neurological Associates.

If it is determined that I am not eligible for coverage, I understand that I will be responsible for payment of all services provided.

Signature of Patient/Legal Guardian: _____

Exencion de Cobertura de Seguro

Entiendo que mi elegibilidad de cobertura no puede ser confirmada en este momento.

Deseo recibir servicios medicos en New England Neurological Associates.

Si se determina que no soy elegible para la cobertura, entiendo que sere responsable del pago por todos los servicios prestados.

Firma del Paciente/Guardian Legal: _____

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