New England Neurological Associates

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

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

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

Chelmsford
25 Fletcher Street
Chelmsford, MA 01824

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

neneuro.com

354 Merrimack Street
Lawrence, MA 01843

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(603) 882-2114

Fax for all locations:
(978) 722-7289