



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

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