



The named parties hereby submit the following dispute for resolution, under the rules of the American Arbitration Association.

Please check the appropriate box(s) that best describes the area of your dispute:
Rules Selected: Commercial Healthcare Payor Provider Employment or Other (please specify):
Procedure Selected: Binding Arbitration Mediation Other (please specify):

Nature of Dispute:
Healthcare Corporate Transactions & Contracting Issues
Payor Provider Reimbursement
Credentialing/Peer Review & Hospital Governing Board Authority
Healthcare Provider Contract Issues
Medical Malpractice
Other:

Dollar Amount of Claim: \$

Other Relief Sought: Attorneys Fees Interest Arbitration Costs Punitive/Exemplary
Other:

Please describe appropriate qualifications for neutral(s) to be appointed to hear this Dispute:

Please file a copy along with the filing fee as provided for in the Rules, to the AAA Case Filing Services, 1101 Laurel Oak Road, Suite 100, Voorhees, NJ 08043 Fax: 877-304-8457 CaseFiling@adr.org and copy the Respondent.

Amount Enclosed (if filing for arbitration.): \$
In accordance with Fee Schedule: Flexible Fee Schedule Standard Fee Schedule

Hearing Locale Requested:

Estimated time needed for hearings overall: hours or days

We agree that, if Arbitration is selected, we will abide by and perform any award rendered hereunder and that a judgment may be entered on the award.

Table with 2 columns for Name of Party, Address, City, State, Zip Code, and Phone #.



Fax #:		Fax #:	
Email Address:		Email Address:	
Signature (required):		Signature (required):	
Name of Representative:		Name of Representative:	
Name of Firm:		Name of Firm:	
Address (to be used in connection with this case):		Address (to be used in connection with this case):	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Phone #:		Phone #:	
Fax #:		Fax #:	
Email Address:		Email Address:	
<p>Please visit our website at www.adr.org if you would like to file this case online. AAA Case Filing Services can be reached at 877-495-4185.</p>			