



Mediation: If you would like the AAA to contact the other parties and attempt to arrange mediation, please check this box .
There is no additional fee for this service.

Name of Respondent:		Name of Representative (if known):	
Address:		Name of Firm (if applicable):	
Address:		Representative's Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Phone No.:		Phone No.:	
Fax No.:		Fax No.:	
Email Address:		Email Address:	
The named claimant, a party to an arbitration agreement which provides for arbitration under the Healthcare Payor Provider Arbitration Rules of the American Arbitration Association, hereby demands arbitration.			
Please check the appropriate box(s) that best describes the area of your dispute: Healthcare Corporate Transactions & Contracting Issues Payor & Provider Reimbursement Issues Credentialing/Peer Review & Hospital Governing Board Authority Healthcare Provider Contract Issues Other:			
The Nature of the Dispute: <i>(Please note this form is not to be used for consumer disputes)</i>			
Dollar Amount of Claim: \$			
Other Relief Sought: Attorneys Fees Interest Arbitration Costs Punitive/Exemplary Other:			
Amount enclosed: \$			
Please describe appropriate qualifications for arbitrator(s) to be appointed to hear this Dispute:			
Hearing locale: (check one) Requested by Claimant Locale provision included in the contract			
Estimated time needed for hearing overall: hours or days			



Type of Business:			
Claimant:		Respondent:	
You are hereby notified that copies of our arbitration agreement and this demand are being filed with the American Arbitration Association, with a request that it commence administration of the arbitration. Under the rules, you may file an answering statement within fourteen days after notice from the AAA.			
Signature (may be signed by a representative):		Date:	
Name of Claimant:		Name of Representative:	
Address:		Name of Firm (if applicable):	
Address:		Representative's Address:	
City:		City:	
State:	Zip Code:	State:	Zip Code:
Phone No.:		Phone No.:	
Fax No.:		Fax No.:	
Email Address:		Email Address:	
To begin proceedings, please file online at www.adr.org/fileonline . You will need to upload a copy of this Demand and the Arbitration Agreement, and pay the appropriate fee.			