

## HEALTHCARE SUBMISSION TO DISPUTE RESOLUTION

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 Payo	Provider Employment or Other (please specify):				
Procedure Selected: Binding Arbitration Med	iation 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:					
	vided for in the Rules, to the American Arbitration Association, Case Filing NY 10271 Fax: 877-304-8457 <u>CaseFiling@adr.org</u> and copy the Respondent				
Amount Enclosed (if filing for arbitration.): \$					
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.					
Name of Party:	Name of Party:	Name of Party:			
Address:	Address:	Address:			
Address:	Address:	Address:			
City:	City:	City:			
State: Zip Code:	State: Zip Code:				
Phone #:	Phone #:				



## HEALTHCARE SUBMISSION TO DISPUTE RESOLUTION

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:	

Please visit our website at <u>www.adr.org</u> if you would like to file this case online. AAA Case Filing Services can be reached at 877-495-4185.