



HEALTHCARE COMMERCIAL DEMAND FOR ARBITRATION

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.

Form with fields for Name of Respondent, Name of Representative, Address, Name of Firm, Representative's Address, City, State, Zip, Phone #, Fax #, and E-Mail Address.

The named claimant, a party to an arbitration agreement dated _____, which provides for arbitration under the 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 [] Credentialing /Peer Review & Hospital Governing Board Authority [] Healthcare Provider Contract Issues [] Other: _____

THE NATURE OF THE DISPUTE: (Please note this form is not to be used for consumer disputes)

Form with fields for Dollar Amount of Claim \$, Other Relief Sought (Attorney's Fees, Interest, Arbitration Cost, Punitive / Exemplary, Other), and 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

Form with fields for Estimated time needed for hearing overall (hours or days) and Type of Business (Claimant and Respondent).

You are hereby notified that copies of our arbitration agreement and this demand are being filed with the American Arbitration Association, Case Filing Services (Check one), Mail: 1101 Laurel Oak Road, Suite 100, Voorhees, NJ 08043 Fax: 877- 304-8457 E-mail: CaseFiling@adr.org with a request that it commence administration of the arbitration. Under the rules, you may file an answering statement within fifteen days after notice from the AAA.

Form with fields for Signature, Date, Name of Representative, Name of Claimant, Name of Firm, Address, Representative's Address, City, State, Zip, Phone #, Fax #, and E-Mail Address.

To begin proceedings, please send a copy of this Demand and a copy of the parties' agreement naming the American Arbitration Association along with the filing fee as provided for in the Rules, to the AAA. Send the original Demand to the Respondent.

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.