



HEALTHCARE SUBMISSION TO DISPUTE RESOLUTION

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

To be completed and signed by all parties (attach additional sheets if necessary).

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: <input type="checkbox"/> Attorneys Fees <input type="checkbox"/> Interest <input type="checkbox"/> Arbitration Cost <input type="checkbox"/> Punitive / Exemplary <input type="checkbox"/> Other _____
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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
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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		
Address:			Address:		
Address:			Address:		
City:	State	Zip	City:	State	Zip
Phone #	Fax #		Phone #	Fax #	
E-mail Address:			E-mail 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	State	Zip	City	State	Zip
Phone #		Fax #	Phone #		Fax #
E-mail Address			E-mail Address		

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