

NAM (National Arbitration and Mediation) Healthcare Malpractice Dispute Resolution Rules and Procedures 990 Stewart Avenue, First Floor

Garden City, NY 11530 Telephone: 1-800-358-2550 Fax: 516-794-8971

www.namadr.com

## NAM HEALTHCARE MALPRACTICE DISPUTE RESOLUTION RULES AND PROCEDURES DEMAND FOR ARBITRATION/ARBITRATION NOTICE

CLAIMANT INFORMATIO	<u>N</u>	
Name(s):		
*Contact Person or Counsel:		
Address:		
Phone:		
Fax:		
Email Address:		
File/Claim Number:		
RESPONDENT INFORMAT	<u>ΓΊΟΝ</u>	
Name(s):		
*Contact Person or Counsel:		
Address:		
Phone:		
Email Address:		
*Fax:		
*File/Claim Number:		
*if applicable		

**RESPONDENT(S):** Please take notice that, pursuant to NAM's Healthcare Malpractice Dispute Resolution Rules and Procedures which provides for arbitration of disputes arising thereunder, the Claimant identified above hereby demands arbitration of a claim against you. You have thirty (30) days to serve the Claimant and NAM with a Reply to this Demand for Arbitration/Arbitration Notice by messenger service, overnight delivery service by a nationally recognized courier company or by certified mail. If you do not serve the Claimant and NAM with a Reply within 30 days of service of this Notice, the Arbitrator may enter an award against you.

## **CLAIMANT SECTION: EXPLANATION OF DEMAND**

The Claimant is claiming the following relief, which may include the following:

	Principal balance		
	Interest accrued		
	Legal expenses		
	Cost of arbitration*		
	Other (specify)		
	Total		
		d in NAM's Fees and Costs for Arbitrations and Mediations Governed cocedures ("NAM's Fee Schedule").	d by NAM's Healthcare
-	n of the nature of the denerein and attach any evi	spute and the injuries alleged follows (The Claimant should lence hereto):	d provide a detailed
1	,	,	
Does the unc	derlying agreement/prov	ision that provides for arbitration of this dispute also conta	in the right of
appeal? YE	S NO	If yes, please attach a copy of the document containing	the right of appeal.
Counsel or a pregardless of the of all fees billed neither NAM, connection with parties; (b) neither alternative dispendent to make an employees, arbitrary of the country	arty's representative accepts the outcome of this case. In the distortion of this case. In the distortion of the NAM pertain nor its Officers, Directors, each any arbitration or mediation her NAM, nor its Officers, Dute resolution or judicial property claims against NAM for distrators/mediators, agents, etc.	esponsibility for payment of all fees billed to the Claimant by NAM per event that the party represents him/herself, then the party accepts resting to this matter regardless of the outcome of this case. I also undersumployees, representatives, Arbitrators or Mediators shall be liable for an conducted under these Rules or any other rules of procedure mutual frectors, employees, representatives, Arbitrators or Mediators is a necess feeding and may not be called to testify at any subsequent proceeding a samage, loss or injury and hereby waive any cause of action or other results. (d) NAM reserves the right to withhold release of the Arbitrator's as to NAM from all parties have been paid.	pertaining to this matter sponsibility for payment stand the following: (a) any act or omission in ally agreed upon by the sary party in any further and (c) the parties agree emedy against NAM, its
CLAIMANI	by: (signature)		
Name:			
Title:		Date/	

## **RESPONDENT SECTION: REPLY TO DEMAND**

The Respondent hereby responds to the dema provide a response herein and attach any evid	and made by the Claimant as follows (the Respondent should ence hereto to support such position):
regardless of the outcome of this case. In the event that the of all fees billed to him/her by NAM pertaining to this meither NAM, nor its Officers, Directors, employees, reproduction with any arbitration or mediation conducted uparties; (b) neither NAM, nor its Officers, Directors, employalternative dispute resolution or judicial proceeding and mannot to make any claims against NAM for damage, loss or	r payment of all fees billed to the Respondent by NAM pertaining to this matter to party represents him/herself, then the party accepts responsibility for payment matter regardless of the outcome of this case. I understand the following: (a) esentatives, Arbitrators or Mediators shall be liable for any act or omission in order these Rules or any other rules of procedure mutually agreed upon by the yees, representatives, Arbitrators or Mediators is a necessary party in any further y not be called to testify at any subsequent proceeding and (c) the parties agree injury and hereby waive any cause of action or other remedy against NAM, its serves the right to withhold release of the Arbitrator's award, or any decision of all parties have been paid.
RESPONDENT by: (signature)	
Name:	
Title:	Date/

The parties are hereby notified that the Claimant has filed copies of the Arbitration Agreement (if applicable) and this Demand for Arbitration/Arbitration Notice at NAM's headquarters.

Either party may contact the NAM Administrator indicated below of the Healthcare Malpractice Dispute Resolution Rules and Procedures in writing at NAM, Healthcare Malpractice Dispute Resolution Rules and Procedures, 990 Stewart Avenue, First Floor, Garden City, New York 11530 or by telephone with questions regarding the Arbitration process or NAM's Healthcare Malpractice Dispute Resolution Rules and Procedures and Fee Schedule or to request a copy thereof.

Contact the NAM Administrator,	_at
1-800-358-2550 ext	