



## ARBITRATION AGREEMENT

PHYSICIAN/PATIENT

OUT-PATIENT FORM

Arbitration is a way to decide health care complaints without going to court.

By signing this agreement, my doctor(s) and I are choosing Arbitration rather than going to court as a way of resolving any future claim about my chiropractic care. This agreement only applies to the care that I receive in this office during the next year from the undersigned chiropractor, associate or any office assistants or substitutes, employed by or assigned to my car by my chiropractor immediately following the execution of this form or during the time when this form is in effect. This agreement does not apply to disagreements over the fees charged.

State Law gives me a choice of two ways to decide claims: either a trial by judge or jury, or arbitration. I have the right to a lawyer for a trial or arbitration.

If I select arbitration, my case will be decided by a panel of three people instead of a judge or jury. The arbitration panel will contain a lawyer, a member of the public, and a doctor of chiropractic. My doctor(s) and I will take part in choosing the panel members who will decide the case. If the parties involved in the case cannot agree on the panel members, the American Arbitration Association or my doctor's state or national association representative may appoint the panel members. State laws and the rules of the American Arbitration Association will apply to all arbitration hearings, and may vary state to state. All parties are delegated to investigate on their own and/or see counsel.

I am choosing arbitration of my own free will. This agreement applies to me, my heirs, and my legal representatives. This agreement also applies to any professional corporation or partnership that my doctor belongs to or works for. If I want to change my mind and cancel this agreement, I must notify my doctor in writing within 60 days after I sign. After 60 days, I cannot change my decision unless mutually agreed upon by all parties.

In most cases, a decision by an arbitration panel is final and cannot be appealed.

This agreement to arbitrate is not a prerequisite to health care or treatment and may be revoked within 60 days after execution by notification in writing to:

\_\_\_\_\_  
Offered by

\_\_\_\_\_  
Patient Name (Printed)

\_\_\_\_\_  
Signature of Physician Representative      Date

\_\_\_\_\_  
Patient Signature      Date

I CERTIFY THAT I AM THE PARENT OF THE MINOR CHILD, THE GUARDIAN, OR OTHER LEGAL REPRESENTATIVE OF THE PATIENT INVOLVED.

\_\_\_\_\_  
Parent/Guardian/Legal Representative Signature

\_\_\_\_\_  
Date