

ARBITRATION AGREEMENT

BECAUSE OF THE HIGH COST OF MEDICAL INSURANCE AND LITIGATION, THIS OFFICE REQUIRES THAT EACH PATIENT SIGN AN ARBITRATION AGREEMENT WHICH REQUIRES THAT ALL POTENTIAL DISPUTES BE RESOLVED NOT IN A COURT BUT BY ARBITRATION. THIS AGREEMENT IS NECESSARY TO BE TREATED BY ME.

ARBITRATION MEANS THAT YOU WAIVE YOUR RIGHT TO A JURY TRIAL and agree instead to settle any dispute through arbitration by an arbitration company, association or group or by an arbitration panel chosen by the physician or his group. The arbitration company, association or panel chosen by the physician herein signed will consist of three to five independent medical doctors chosen by the Arbitration Company, association, group or panel. The cost of such arbitration shall be shared equally by each party. Notice of such a request for arbitration shall be registered mail to the physician involved stating the grievance in detail and monetary demand. If such demand is not met with mutual agreement between the party and the individual within 12 weeks the party making the request or demand will then proceed with the arbitration at the time and place named by the physician, the arbitration panel, group, or association.

ARBITRATION AGREEMENT:

Date: Month: _____/ Day: _____/ Year: _____

Between

Johnstuart M. Guarnieri, M.D. and _____ agrees as follows:

Arbitration: In the event of a dispute of any nature arising between the parties at any time as a result of Johnstuart M. Guarnieri, M.D., providing medical services, advice, treatment, informed consent, prescriptions, tests, procedures, and operations, whether in the office or the hospital, in consultation or otherwise: the parties here to agree to submit the dispute to binding arbitration under the conditions listed above.

An award rendered by the arbitrator(s), arbitration association, group, or panel shall be final, binding upon the parties, and judgment on such award may be entered by either party in the highest court having jurisdiction.

Each party hereto specifically waives his or her right to bring the dispute before a court of law and stipulates that this agreement shall be a complete defense to any action instituted in any local, state, or federal court or before any administrative tribunal.

By signing this agreement, I agree to arbitration and waive any preconditions I might have such as consultation with an attorney, and I understand this agreement and am signing with this understanding and of my own free will.

Patient's Name Printed _____

Patient's Signature _____