



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**

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CLAIMANT INFORMATION

Name(s): \_\_\_\_\_  
\*Contact Person or Counsel: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
File/Claim Number: \_\_\_\_\_

RESPONDENT INFORMATION

Name(s): \_\_\_\_\_  
\*Contact Person or Counsel: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
\*Fax: \_\_\_\_\_  
\*File/Claim Number: \_\_\_\_\_

\*if applicable

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**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	_____

\*The cost of the arbitration is fully described in NAM’s Fees and Costs for Arbitrations and Mediations Governed by NAM’s Healthcare Malpractice Dispute Resolution Rules and Procedures (“NAM’s Fee Schedule”).

A description of the nature of the dispute and the injuries alleged follows (The Claimant should provide a detailed description herein and attach any evidence hereto):

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Does the underlying agreement/provision that provides for arbitration of this dispute also contain the right of appeal? YES      NO      If yes, please attach a copy of the document containing the right of appeal.

Counsel or a party’s representative accepts responsibility for payment of all fees billed to the Claimant by NAM pertaining to this matter regardless of the outcome of this case. In the event that the party represents him/herself, then the party accepts responsibility for payment of all fees billed to him/her by NAM pertaining to this matter regardless of the outcome of this case. I also understand the following: (a) neither NAM, nor its Officers, Directors, employees, representatives, Arbitrators or Mediators shall be liable for any act or omission in connection with any arbitration or mediation conducted under these Rules or any other rules of procedure mutually agreed upon by the parties; (b) neither NAM, nor its Officers, Directors, employees, representatives, Arbitrators or Mediators is a necessary party in any further alternative dispute resolution or judicial proceeding and may not be called to testify at any subsequent proceeding and (c) the parties agree not to make any claims against NAM for damage, loss or injury and hereby waive any cause of action or other remedy against NAM, its employees, arbitrators/mediators, agents, etc. (d) NAM reserves the right to withhold release of the Arbitrator’s award, or any decision of the Arbitrator, until all outstanding fees due to NAM from all parties have been paid.

\_\_\_\_\_  
**CLAIMANT 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. \_\_\_\_\_.