



## **Instructions for Submittal of Health Care Arbitration to ADR Systems**

### **Demand for Arbitration Based on Pre-Dispute Provision**

If you wish to proceed with arbitration by executing and serving a Demand for Arbitration on the appropriate party, please submit the following items to ADR Systems:

- One copy of the Demand for Arbitration and of the Detailed Statement of Claim
- Proof of Service of the Demand on the appropriate party (For example, a certified mail receipt signed by recipient, or a sworn statement of service by a non-party is acceptable.)
- One copy of the entire contract containing the arbitration clause
- Initial non-refundable \$300.00 administrative fee per party (Each party may submit its own administrative fee. To expedite the commencement of the proceedings, one party may elect to submit all administrative fees.)

### **Arbitration Based on Post-Dispute Fully Executed Arbitration Agreement, Stipulation or Court Order Compelling Arbitration**

Whether or not a certain arbitrator has been designated, if the parties have agreed to arbitrate at ADR Systems, or the court has ordered the parties to arbitrate through ADR Systems, please submit the following items:

- One copy of the Demand for Arbitration and of the Detailed Statement of Claim
- One copy of the executed Arbitration Agreement or Court Order appointing arbitrator/ADR Systems (If necessary, please contact ADR Systems to obtain a Stipulation for Arbitration form, or [download it from our website.](#))
- Initial non-refundable \$300.00 administrative fee per party (Each party may submit its own administrative fee. To expedite the commencement of the proceedings, one party may elect to submit all administrative fees.)

Please submit all items to ADR Systems at 20 N Clark St. 29<sup>th</sup> Floor, Chicago, IL 60602.

Once the above items are received, ADR Systems will contact all parties to commence the arbitration.

**Demand for Arbitration**

**Claimant** \_\_\_\_\_

Business Name/Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Representative/Attorney** \_\_\_\_\_

Firm Name/ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Respondent** \_\_\_\_\_

Business Name/ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Representative/Attorney** \_\_\_\_\_

Firm Name/ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**Statement of Claim** (Claimant must attach a detailed statement of the Claimants' claim including all facts to be proved, the remedy sought, and any claimed damages.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Amount in Controversy** (if applicable) \_\_\_\_\_

**Hearing Location** \_\_\_\_\_

**Applicable Rules** \_\_\_\_\_

**Estimated Time Required for Hearing** \_\_\_\_\_

**Response to Demand for Arbitration:** Respondent may file a response to this claim according to the applicable arbitration rules. Send the response to the Claimant's counsel at their address above, and a copy to ADR Systems with proof of service.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Claimant or Representative)

**Print Name** \_\_\_\_\_