



Payment Agreement

I agree to personally pay for any facility or physician charges that are not covered by or collected from any applicable insurance program, including any deductibles and coinsurance amounts. In the event there is a dispute regarding the payment of these charges, I agree to Arbitration as defined below:

Arbitration Agreement

By signing this agreement, the parties agree that at the election of any party, any dispute relating to payment for medical and hospital services rendered, including any services rendered prior to the date this agreement was signed, shall be resolved by binding arbitration by the National Arbitration Forum, under the Code of Procedure then in effect. This agreement binds third parties who are not signatories to this agreement, to the full extent permitted by applicable law. This agreement shall be governed by and interpreted under the Federal Arbitration Act. The arbitrator may award fees and costs in favor of any party as permitted by law. Any award of the arbitrator(s) may be entered as a judgment in any court having jurisdiction. This provision for arbitration may be revoked by written notice delivered to the hospital within 5 days of signature. I have had the opportunity to ask any questions that I have and have received satisfactory answers prior to signing this provision. I understand that the result of this arbitration agreement is that payment and billing claims will be resolved as described in this section and may not be brought before a judge or jury without the parties mutual consent.

Signature of:

Patient/Advocate/Guardian: _____

Date: _____

Retain in Permanent Medical Record - Consent Section.