

RAYCONDA INTERNAL MEDICINE

Agreement to Alternative Dispute Resolution

Patient Name

Chart Number

In accordance with the terms of the United States Arbitration Act, I agree that any dispute arising out of or related to the provision of health care services for me by Dr. Jagdish Lal, or his employees and agents shall be subject to final and binding resolution exclusively through Health Care Claim Settlement Procedures of the American Arbitration Association, a copy of which is available to me upon request. I understand that this agreement is not restricted to those health care services rendered in connection with any particular treatment, office visit or hospital admission. I understand that this agreement is also binding on any individual or agent claiming by or through me or my behalf. I understand that this agreement is voluntary and not a precondition to receiving health care services.

NOTE: If the individual signing this agreement is doing so on behalf of his minor child, or any other person for whom he or she is legally responsible, then the signature below affirms that he or she has the authority or obligation to contract Dr. Jagdish Lal and / or covering physicians group for the provision of health care services to that minor child or other person, and that his or her execution of this agreement is in furtherance of that authority or obligation.

Patient

Date

Witness

Date