

PHYSICIAN-PATIENT ARBITRATION AGREEMENT

Article 1: Agreement to Arbitrate: It is understood that any dispute as to medical malpractice, that is, as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration pursuant to Idaho law, and not by a lawsuit or resort to court process except as Idaho law may provide for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2: All Claims Must Be Arbitrated: It is the intention of the parties that this agreement shall cover all claims or controversies whether in tort, contract or otherwise, and shall bind all parties whose claims may arise out of or in any way relate to treatment or services provided or not provided by the below identified physician, medical group or association, their partners, associates, associations, corporations, partnerships, employees, agents, clinics, and/or providers (Herein collectively referred to as "Physician") to a patient, including any spouse or heirs of the patient and any children, whether born or unborn, at the time of the occurrence giving rise to any claim. In the case of any pregnant mother, the term "patient" herein shall mean both the mother and the mother's expected child or children.

The filing by Physician of any action in any court by the Physician to collect any fee from the patient shall not waive the right to compel arbitration of any malpractice claim; however, following the assertion of any claim against Physician, any fee dispute, whether or not the subject of any existing court action, shall also be resolved by arbitration.

Article 3: Procedures and Applicable Law: A demand for arbitration must be communicated in writing by U.S. mail, postage prepaid, to all parties, describing the claim against Physician, the amount of damages sought, and the names, addresses and telephone numbers of the patient, and (if applicable) his/her attorney.

The parties shall thereafter select a neutral arbitrator from the list of Civil Mediators maintained by the Idaho Supreme Court to preside over the matter. Patient shall pursue his/her claims with reasonable diligence, and the arbitration shall be governed the Idaho Arbitration Act (I.C. §§ 7-901-922), and otherwise applicable Idaho law. All claims and defenses related to any claim by the patient shall be governed by Idaho law. The parties shall bear their own costs, fees and expenses, along with a pro rata share of the neutral arbitrator's fees and expenses.

Article 4: Representation by Attorney: Either party has the right to be represented by an attorney at any proceeding or hearing required under this agreement and required or authorized under the Idaho Arbitration Act (I.C. §§ 7-901-922).

Article 5: Retroactive Effect: The patient intends this agreement to cover all services rendered by Physician not only after the date it is signed (including, but not limited to, emergency treatment), but also before it was signed as well.

Article 6: Revocation: This agreement may be revoked by written notice delivered to Physician within 30 days of signature and if not revoked will govern all medical services received by the patient. .

Article 7: Severability Provision: In the event any provision(s) of this Agreement is declared void and/or unenforceable, .such provision(s) shall be deemed severed therefrom and the remainder of the Agreement enforced in accordance with Idaho law.

I understand that I have the right to receive a copy of this agreement. By my signature below, I acknowledge that I have received a copy.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ISSUE OF MEDICAL MALPRACTICE DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE I OF THIS CONTRACT.

Physician or Duly Authorized Representative Signature (Date)

Patient's Signature (Date)

Print or Stamp Name of Physician,
Medical Group or Association Name

Print Patient's Name

Signature of Translator (If Applicable) (Date)

Patient's Representative's Signature (Date)
(If Applicable)

Print Name of Translator

Print Name and Relationship to Patient