

SI USTED PREFERE RECIBIR ESTE ACUERDO EN LA VERSION DE ESPANOL, POR FAVOR SOLICITE UNO AL PERSONAL DEL DOCTOR

NOTICE

INTRODUCTION TO BINDING ARBITRATION AGREEMENT

This office prefers that our patients sign an agreement to resolve any medical malpractice or other claims that may arise between us by arbitration or other form for alternative dispute resolution, without a jury. Along with this letter, we are providing you with our standard form of arbitration agreement together with a copy for you to keep. In order to be binding, the arbitration agreement must be signed by you. If you are under 18 years of age, your parent(s) and/or guardian(s) should also sign a copy of the agreement. If you prefer to take a copy of the agreement home, please return it before or at the next visit.

We believe that arbitration is a fair, effective and efficient way to resolve all claims. However, by consenting to arbitration or another form of dispute resolution, you and this office give up significant rights, one of which is the right to a trial by a judge or jury. We encourage you to consult with an attorney who can inform you of all the relevant consideration. The agreement itself contains instructions for cancelling it within 30 days of signing. If you desire, rather than cancelling it you may discuss with us any changes to the agreement you think are necessary. We will be happy to adopt any reasonable amendments you desire so long as the benefits of arbitration or other means of alternate dispute resolution are not lost.

If you do not already have an attorney, the New Jersey Bar Association can refer you to a lawyer in your area who is familiar with arbitration. They can be reached by:

New Jersey Bar Association
One Constitution Square,
New Brunswick, NJ 08901-1520
(732) 249-5000 or www.njbsa.com

This office is available to answer any questions and to negotiate the terms of agreement. You may call us during normal business hours at (732) 736-0300. We will discuss the agreement with you, and consider any reasonable request to change this agreement by mutual consent.

Premier Perinatal, LLC

Patient Signature

Date

Significant Other Signature

Date