



Northwest Family Medical Center

Michael A. Cromer, M.D.

Stephen P. Meyer, M.D.

PLEASE READ CAREFULLY

DOCTOR PATIENT ARBITRATION AGREEMENT

This agreement is made between Northwest Family Medical Center (“Practice”), all employed physicians, physician assistants, nurse practitioners and other employees, referred to hereinafter as “Provider” and _____ referred to hereinafter as the “Patient” (Practice/Provider and Patient collectively referred to as the Parties). The Parties to this agreement bind not only themselves, but also their heirs, personal representatives, guardians or any persons deriving their claims through, or on behalf of, the Parties.

It is further understood that in the event of any controversy or dispute which might arise between Practice/Provider and the Patient, regardless of whether the dispute concerns the medical care rendered, or payment of fees, or any other matter whatsoever, then the Parties agree that the dispute shall be resolved by arbitration as provided by the Florida Arbitration code, Chapter 682, Florida Statutes. This arbitration shall be binding. Each Party shall choose one arbitrator and the two arbitrators shall choose a third arbitrator. Each Party shall be entitled to the discovery provided for under Rules 1.280 – 1.390, Florida rules of Civil Procedure. The panel of arbitrators shall hear and decide the controversy, and the decision shall be binding on all Parties, and may be enforced by a court of competent jurisdiction in and for Hillsborough County, Florida. Requests for arbitration by either Party must be made within the time frame set forth in section 95.11 of the Florida Statutes dealing with medical malpractice.

This agreement shall remain in effect for all treatment and/or surgery provided the Patient presently and at any future date.

In witness whereof, I (we) have set our hands this date _____.

Practice/Provider:

Patient:

By: _____
Authorized Agent/Witness

By: _____
Patient Signature