



3545 San Dimas Street  
Bakersfield, CA 93301  
T: 661-326-1576 F: 661-326-1598

**TREATMENT AND ARBITRATION AGREEMENT**

With regard to medical care and services provided, IT IS AGREED that the attending physician will, to the best of his skill and knowledge, provide to this patient such medical care and services as are possible and practical in the light of circumstance. The patient will cooperate fully with the attending physician, adhering to such treatment regimen or course of action as may be set forth and by paying all fees and charges in full as billed or as provided by prior special arrangements. IT IS AGREED that because of differences in human constitution and response, it is in no way possible to warrant the outcome of such medical care and services.

In the event of any controversy between the patient or a dependent (whether or not a minor) or the heirs-at-law or personal representative of a patient, as the case may be and the attending physician (including his agents and employees) involving a claim in tort or contractual, the same be submitted to arbitration. Within fifteen (15) days after the patient or attending physician shall give notice to the other of demanding arbitration of such controversy. The parties to the controversy shall each appoint an arbitrator and given notice of such appointment to the other within a reasonable amount of time after such notice have been given, the two arbitrators, so selected, shall select a neutral arbitrator and give notice of selection of neutral arbitrator. All notices or other papers required to be served shall be served by United States mail. Except as provided herein, the arbitration shall be conducted in accordance with and governed by provision of Title 9 of the California Code of Civil Procedure. The patient may withdraw from the arbitration portion of this agreement within 30 days from the date of this agreement by notification of his intent to do so to the attending physician by registered mail.

By our signatures, we consent to this agreement and each acknowledges receipt of a true copy thereof.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient Signature

If the patient is a minor or incompetent, the parent or guardian should sign here and in addition, the minor or incompetent patient should sign above, if possible.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature