

Wilshire Aesthetics Medical Group

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CONSENT TO ARBITRATE/WAIVER OF JUDICIAL LITIGATION

1. RESOLUTION BY ARBITRATION. ANY AND ALL CLAIMS OR DISPUTES BETWEEN THE PARTIES ARISING OUT OF OR RELATING TO THE RENDITION OF MEDICAL SERVICES, SHALL BE DECIDED BY BINDING ARBITRATION IN ACCORDANCE WITH THE ARBITRATION RULES OF THE AMERICAN ARBITRATION ASSOCIATION, AND JUDGMENT UPON THE AWARD RENDERED BY THE ARBITRATOR MAY BE ENTERED IN ANY COURT HAVING JURISDICTION THEREOF. IF ANY PARTY REFUSES OR NEGLECTS TO APPEAR AT, OR PARTICIPATE IN, SUCH ARBITRATION PROCEEDINGS, THE ARBITRATOR(S) IS (ARE) EMPOWERED TO DECIDE THE CONTROVERSY IN ACCORDANCE WITH WHATEVER EVIDENCE IS PRESENTED BY THE PARTY OR PARTIES WHO DO PARTICIPATE. THE ARBITRATOR(S) IS (ARE) COMPELLED TO DECIDE ANY SUCH CLAIM OR DISPUTE IN ACCORDANCE WITH THE STATUTORY AND CASE LAW OF THE STATE OF CALIFORNIA. IF THERE IS ANY ERROR OF LAW IN THE AWARD RENDERED BY THE ARBITRATOR THE NON-PREVAILING PARTY SHALL BE ENTITLED TO JUDICIAL REVIEW OF SUCH AWARD. ANY DEMAND FOR ARBITRATION OR PETITION TO CONFIRM OR VACATE THE ARBITRATION AWARD MAY BE SERVED BY FIRST-CLASS MAIL WITH A CERTIFICATE OF MAILING FROM THE UNITED STATES POSTAL SERVICE, AND SUCH SERVICE SHALL BE DEEMED EFFECTIVE FIVE (5) DAYS AFTER DEPOSIT IN THE UNITED STATES MAIL, POSTAGE FULLY PREPAID, ADDRESSED TO THE RECIPIENT AT OUR OFFICE ADDRESS.

Patient Initials _____

2. NOTICE. BY SIGNING IN THE SPACE BELOW YOU ARE AGREEING TO HAVE ANY CLAIM OR DISPUTE DECIDED BY NEUTRAL ARBITRATION AS PROVIDED BY CALIFORNIA LAW AND YOU ARE GIVING UP ANY RIGHTS YOU MIGHT POSSESS TO HAVE THE DISPUTE LITIGATED IN A COURT OR BY JURY TRIAL. BY INITIALING IN THE SPACE HEREINBELOW YOU ARE GIVING UP YOUR JUDICIAL RIGHTS TO DISCOVERY AND APPEAL. IF YOU REFUSE TO SUBMIT TO ARBITRATION AFTER AGREEING TO THIS PROVISION, YOU MAY BE COMPELLED TO ARBITRATE UNDER THE AUTHORITY OF THE BUSINESS AND PROFESSIONS CODE OR OTHER APPLICABLE LAWS. YOUR AGREEMENT TO THIS ARBITRATION PROVISION IS VOLUNTARY.

I HAVE READ AND UNDERSTAND THE FOREGOING AND AGREE TO SUBMIT DISPUTES AND CLAIMS TO NEUTRAL ARBITRATION.

DATED: _____

Patient Name: _____

DATED: _____

**WILSHIRE AESTHETICS
MEDICAL GROUP**

By: _____