AMERICAN ARBITRATION ASSOCIATION®

ILLINOIS NONPARTICIPATING FACILITY-BASED PHYSICIANS AND PROVIDERS/INSURER OR HEALTH PLAN

Demand for Arbitration Pursuant to Illinois Insurance Code, Section 356z.3a

TO: Name of Respondent:		
Address:		
City:	State: Select...	Zip Code:
Phone No.:	Fax No.:	
Email Address:		
Name of Representative (if known):		
Representative's Address:		
City:	State: Select...	Zip Code:
Phone No.:	Fax No.:	
Email Address:		
The Nature of the Dispute:		
Dollar Amount of Claim: $		
Other Relief Sought: ☐ Attorneys Fees ☐ Interest ☐ Arbitration Cost		
Amount enclosed: $	in accordance with the Standard Fee schedule	
Type of Business: Claimant: Respondent:		
You are hereby notified that a copy of this Demand is being filed with the American Arbitration Association with a request that it commence administration of the arbitration. The AAA will provide you notice of your opportunity to file an answering statement.		
Signature (may be signed by a representative):	Title:	Date:
Name of Claimant:		
Address (to be used in connection with this case):		
City:	State: Select...	Zip Code:
Phone No.:	Fax No.:	
Email Address:		

Please visit our website at www.adr.org/support to file this case online.
AAA Customer Service can be reached at 800-778-7879.

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Demand for Arbitration Pursuant to Illinois Insurance Code, Section 356z.3a

Name of Representative:		
Name of Firm (if applicable):		
Representative's Address:		
City:	State: Select...	Zip Code:
Phone No.:	Fax No.:	
Email Address:		
To begin proceedings, **please file online at www.adr.org/fileonline.** You will need to upload a copy of this Demand and pay the appropriate fee. Send the original Demand to the Respondent. Also send a copy of this Demand to the Illinois Department of Insurance at doi.arbitrationrequest@illinois.gov.		