

Consent To Arbitration

AGREEMENT TO ARBITRATE: It has been fully explained to me and I understand that there are inherent risks and dangers associated with any medical procedure or treatment. It is my understanding and intention by signing this consent, to have any and all disputes, related to and/or arising out of any treatment, medical procedures, surgeries, and /or diagnostic procedures or therapies provided by this office, including any claims of medical malpractice, (which include any claims regarding procedures claimed by me to be negligently performed) will be submitted

to Binding Arbitration. By entering into this agreement, I agree to be bound by the Arbitration Procedure and Process, and I knowingly intend to utilize this method for any resolution. By doing so, I agree to consciously forgo a jury trial. I agree to Arbitrate any and all claims that may arise in connection with my medical treatment and/or services provided by this office including any claim for medical malpractice. I further agree that this Agreement to Arbitrate is valid and binding for my heirs (including but not limited to, Spouse, Children, Legal Partner, Guardian, Parent, etc.), representatives, executors, administrators, or any other person acting on my behalf or on the behalf of my estate. The Parties agree that the decision and award of the arbitrator shall be final and conclusive upon the Parties, in lieu of all other legal proceedings. In the event that Ocean Heart Group, and it's affiliates, does not receive payment for services rendered, it is specifically understood that this agreement shall not waive Ocean Heart Group's, and it's affiliates, right to utilize the court system to collect fees, interest, and court costs for services rendered. I understand that should I not agree to Arbitration, I have a right to seek medical care from some other physician and/or medical group.

Patient's first name

Patient's second name

Patient's signature

Date

Power of Attorney, if applicable

Date