



# Demand for Arbitration Form

## Instructions for Submittal of Arbitration to JAMS

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### INSTRUCTIONS

Please submit this form to your local point of contact listed below. Once all items are received, JAMS will coordinate the arbitration process, including the appointment of an arbitrator.

☎ 1-800-352-JAMS 📄  
www.jamsadr.com

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If you wish to proceed with an arbitration by executing and serving a Demand for Arbitration on the appropriate party, please submit the following items to JAMS:

**A. Demand for Arbitration**

**B. Proof of service of the Demand on the appropriate party (2 copies)**

**C. Administrative Fees**

- *For two-party matters, the Filing Fee is \$1,750. For matters involving three or more parties, the filing fee is \$3,000. The entire Filing Fee must be paid in full to expedite the commencement of the proceedings. Thereafter, a Case Management Fee of 12% will be assessed against all Professional Fees, including time spent for hearings, pre- and post-hearing reading and research and award preparation. JAMS also charges a \$1,750 filing fee for counterclaims. For matters involving consumers, the consumer is only required to pay \$250. See JAMS Policy on Consumer Arbitrations Pursuant to Pre-Dispute Clauses. For matters based on a clause or agreement that is required as a condition of employment, the employee is only required to pay \$400. See JAMS Policy on Employment Arbitrations, Minimum Standards of Fairness. JAMS may apply its Employment Minimum Standards where an individual claims to have been misclassified as an independent contractor or otherwise improperly placed into a category other than employee or applicant for employment.*
- *A refund of \$875 will be issued if the matter is withdrawn within five days of filing. After five days, the filing fee is non-refundable.*

**Once completed, please submit demand package to JAMS point of contact:**

**Mara E. Satterthwaite, Esq.**  
[msatterthwaite@jamsadr.com](mailto:msatterthwaite@jamsadr.com)  
D: (702) 835-7803  
JAMS Las Vegas Resolution Center  
3800 Howard Hughes Parkway  
Floor 11  
Las Vegas, NV 89169



# Demand for Arbitration Form (continued)

## Instructions for Submittal of Arbitration to JAMS

### TO RESPONDENT (PARTY ON WHOM DEMAND FOR ARBITRATION IS MADE)

Add more respondents on page 6.

RESPONDENT NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____	FA X _____	EMAIL _____

### RESPONDENT'S REPRESENTATIVE OR ATTORNEY (IF KNOWN)

REPRESENTATIVE/ATTORNEY _____		
FIRM/COMPANY _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____	FA X _____	EMAIL _____

### FROM CLAIMANT

Add more claimants on page 7.

CLAIMANT NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____	FA X _____	EMAIL _____

### CLAIMANT'S REPRESENTATIVE OR ATTORNEY (IF KNOWN)

REPRESENTATIVE/ATTORNEY _____		
FIRM/COMPANY _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____	FA X _____	EMAIL _____



# Demand for Arbitration Form (continued)

## Instructions for Submittal of Arbitration to JAMS

### NATURE OF DISPUTE / CLAIMS & RELIEF SOUGHT BY CLAIMANT

CLAIMANT HEREBY DEMANDS THAT YOU SUBMIT THE FOLLOWING DISPUTE TO FINAL AND BINDING ARBITRATION.  
A MORE DETAILED STATEMENT OF CLAIMS MAY BE ATTACHED IF NEEDED.

AMOUNT IN CONTROVERSY (US DOLLARS) \_\_\_\_\_



# Demand for Arbitration Form (continued)

## Instructions for Submittal of Arbitration to JAMS

### ARBITRATION AGREEMENT

This demand is made pursuant to NRS AB439B.700 **NRS 439B.754 Determination of amount owed when no recent contract exists between out-of-network provider and third party; arbitration to resolve dispute; no interest pending resolution of dispute; confidentiality of arbitration. [Effective January 1, 2020.]**

1. An out-of-network provider shall accept or reject an amount paid pursuant to subsection 2 of [NRS 439B.748](#) or paragraph (c) of subsection 1 or subsection 2 of [NRS 439B.751](#) as payment in full for the medically necessary emergency services for which the payment was offered within 30 days after receiving the payment. If an out-of-network provider fails to comply with the requirements of this section, the amount paid shall be deemed accepted as payment in full for the medically necessary emergency services for which the payment was offered 30 days after the out-of-network provider received the payment.

2. If an out-of-network provider rejects the amount paid as payment in full, the out-of-network provider must request from the third party an additional amount which, when combined with the amount previously paid, the out-of-network provider is willing to accept as payment in full for the medically necessary emergency services.

3. If the third party refuses to pay the additional amount requested by the out-of-network provider pursuant to subsection 2 or fails to pay that amount within 30 days after receiving the request for the additional amount, the out-of-network provider must request a list of five randomly selected arbitrators from an entity authorized by regulations of the Director of the Department to provide such arbitrators. Such regulations must require:

(a) For claims of less than \$5,000, the use of arbitrators who will conduct the arbitration in an economically efficient manner. Such arbitrators may include, without limitation, qualified employees of the State and arbitrators from the voluntary program for the use of binding arbitration established in the judicial district pursuant to [NRS 38.255](#) or, if no such program has been established in the judicial district, from the program established in the nearest judicial district that has established such a program.

(b) For claims of \$5,000 or more, the use of arbitrators from nationally recognized providers of arbitration services, which may include, without limitation, the American Arbitration Association, JAMS or their successor organizations.

4. Upon receiving the list of randomly selected arbitrators pursuant to subsection 3, the out-of-network provider and the third party shall each strike two arbitrators from the list. If one arbitrator remains, that arbitrator must arbitrate the dispute concerning the amount to be paid for the medically necessary emergency services. If more than one arbitrator remains, an arbitrator randomly selected from the remaining arbitrators by the entity that provided the list of arbitrators pursuant to subsection 3 must arbitrate that dispute.

5. The out-of-network provider and the third party shall participate in binding arbitration of the dispute concerning the amount to be paid for the medically necessary emergency services conducted by the arbitrator selected pursuant to subsection 4. The out-of-network provider or third party may provide the arbitrator with any relevant information to assist the arbitrator in making a determination.

6. The arbitrator shall require:

(a) The out-of-network provider to accept as payment in full for the provision of the medically necessary emergency services, except for any copayment, coinsurance or deductible that the coverage requires the covered person to pay for the services when provided by an in-network provider, the amount paid by the third party pursuant to subsection 2 of [NRS 439B.748](#) or paragraph (c) of subsection 1 or subsection 2 of [NRS 439B.751](#), as applicable; or

(b) The third party to pay the additional amount requested by the out-of-network provider pursuant to subsection 2.

7. If the arbitrator requires:

(a) The out-of-network provider to accept the amount paid by the third party pursuant to subsection 2 of [NRS 439B.748](#) or paragraph (c) of subsection 1 or subsection 2 of [NRS 439B.751](#), as applicable, as payment in full for the provision of the medically necessary emergency services, except for any copayment, coinsurance or deductible that the coverage requires the covered person to pay for the services when provided by an in-network provider, the out-of-network provider must pay the costs of the arbitrator.

(b) The third party to pay the additional amount requested by the out-of-network provider pursuant to subsection 2, the third party must pay the costs of the arbitrator.

8. An out-of-network provider or a third party must pay its own attorney's fees incurred during the process prescribed by this section.

9. Interest does not accrue on any claim for which an offer of payment is rejected pursuant to subsection 1 for the period beginning on the date of the rejection and ending 30 days after the arbitrator renders a decision.

10. Except as otherwise provided in this subsection and [NRS 439B.760](#), any decision of an arbitrator pursuant to this section and any documents associated with such a decision are confidential and are not admissible as evidence during a legal proceeding, including, without limitation, a legal proceeding between the third party and the out-of-network provider. The decision of an arbitrator and any documents associated with such a decision may be disclosed and are admissible as evidence during a legal proceeding to enforce the decision.

(Added to NRS by [2019, 323](#), effective January 1, 2020)

ARBITRATION PROVISION LOCATION

## REQUEST FOR HEARING

REQUESTED LOCATION  
REQUESTED RESOLUTION CENTER

## SUBMISSION INFORMATION

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NAME  
(PRINT/TYPED) \_\_\_\_\_



# Demand for Arbitration Form (continued)

## Instructions for Submittal of Arbitration to JAMS

### RESPONDENT #2 (PARTY ON WHOM DEMAND FOR ARBITRATION IS MADE)

RESPONDENT NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____	FA X _____	EMAIL _____

#### RESPONDENT'S REPRESENTATIVE OR ATTORNEY (IF KNOWN)

REPRESENTATIVE/ATTORNEY _____		
FIRM/COMPANY _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____	FA X _____	EMAIL _____

### RESPONDENT #3 (PARTY ON WHOM DEMAND FOR ARBITRATION IS MADE)

RESPONDENT NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____	FA X _____	EMAIL _____

#### RESPONDENT'S REPRESENTATIVE OR ATTORNEY (IF KNOWN)

REPRESENTATIVE/ATTORNEY _____		
FIRM/COMPANY _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____	FA X _____	EMAIL _____



# Demand for Arbitration Form (continued)

## Instructions for Submittal of Arbitration to JAMS

### CLAIMANT #2

CLAIMANT NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____	FA X _____	EMAIL _____

#### CLAIMANT'S REPRESENTATIVE OR ATTORNEY (IF KNOWN)

REPRESENTATIVE/ATTORNEY _____		
FIRM/COMPANY _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____	FA X _____	EMAIL _____

### CLAIMANT #3

CLAIMANT NAME _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____	FA X _____	EMAIL _____

#### CLAIMANT'S REPRESENTATIVE OR ATTORNEY (IF KNOWN)

REPRESENTATIVE/ATTORNEY _____		
FIRM/COMPANY _____		
ADDRESS _____		
CITY _____	STATE _____	ZIP _____
PHONE _____	FA X _____	EMAIL _____