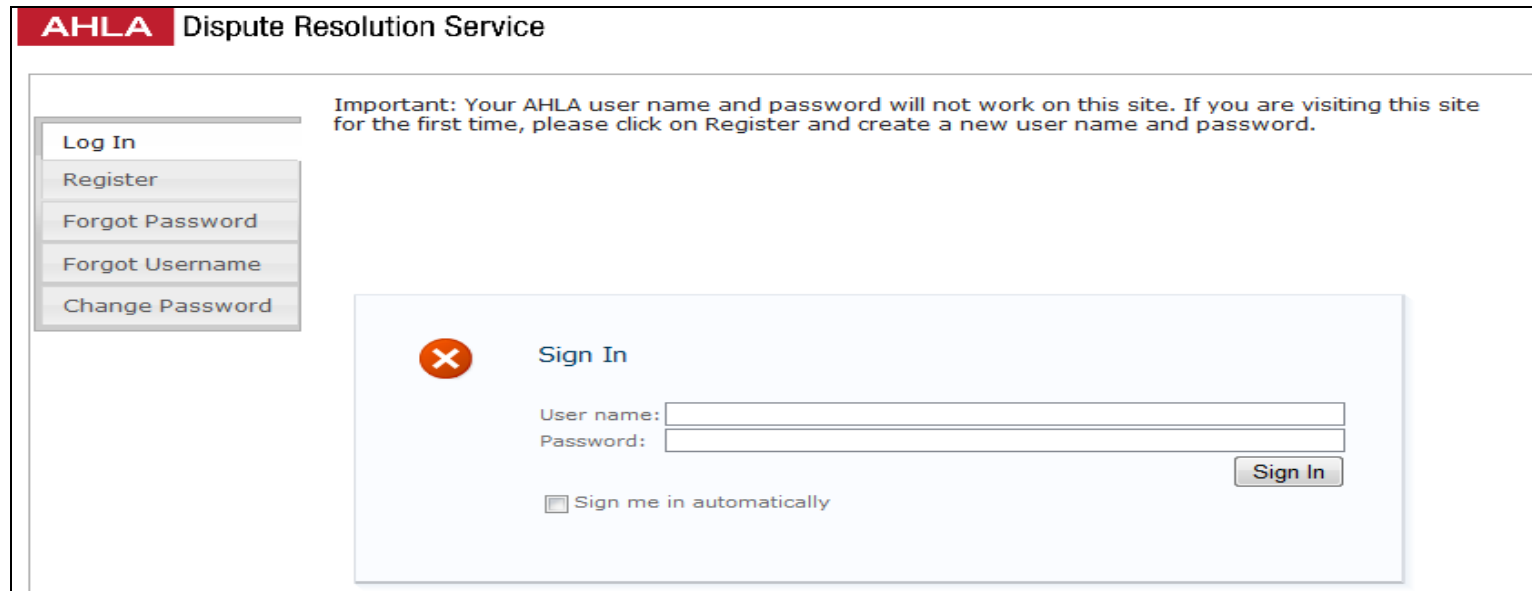


How to File a Demand for Arbitration

Register and Log In

Click on [this link](#) or enter <http://drcases.healthlawyers.org/drs> into your browser. You will be directed to a Log In screen. If this is your first time using the Case Management System, you must register before logging in.

- If you have an AHLA User Name and Password, it will not work on this site. For security reasons, you need to create a separate User Name and Password for this system.
- There is no charge to register.



AHLA Dispute Resolution Service

Important: Your AHLA user name and password will not work on this site. If you are visiting this site for the first time, please click on Register and create a new user name and password.

Log In
Register
Forgot Password
Forgot Username
Change Password

Sign In

User name:
Password:

Sign me in automatically

Sign In

3. Enter a User Name, Email Address, and Password

AHLA Dispute Resolution Service

Log In
Register
Forgot Password
Forgot Username
Change Password

Register

All fields required

Message Center:

Username:
Letters and numbers only. No special characters such as # or *

Check User

Email:

Password:
Min. 8 characters including 1 capitol letter, 1 number, and 1 symbol other than & and ?
(e.g. “#1Neutral”)

Confirm Password:

Register Account

The password must comply with these instructions. It is the same password you will later use for accessing case information, so security requirements are high.

The user name may not contain special characters

4. Click on Log In

AHLA Dispute Resolution Service

Register

All fields required

Message Center: [The account has been created. Please click on "Log In" now to access the site.](#)

Username:


Check User [Available](#)

Email:

Password:

Min. 8 characters including 1 capitol letter, 1 number, and 1 symbol other than & and ?
(e.g. "#1Neutral")

Confirm Password:




5. Enter the new User Name and Password you just created and click on Sign In

AHLA Dispute Resolution Service

Important: Your AHLA user name and password will not work on this site. If you are visiting this site for the first time, please click on Register and create a new user name and password.


- Log In
- Register
- Forgot Password
- Forgot Username
- Change Password

 **Sign In**

User name:

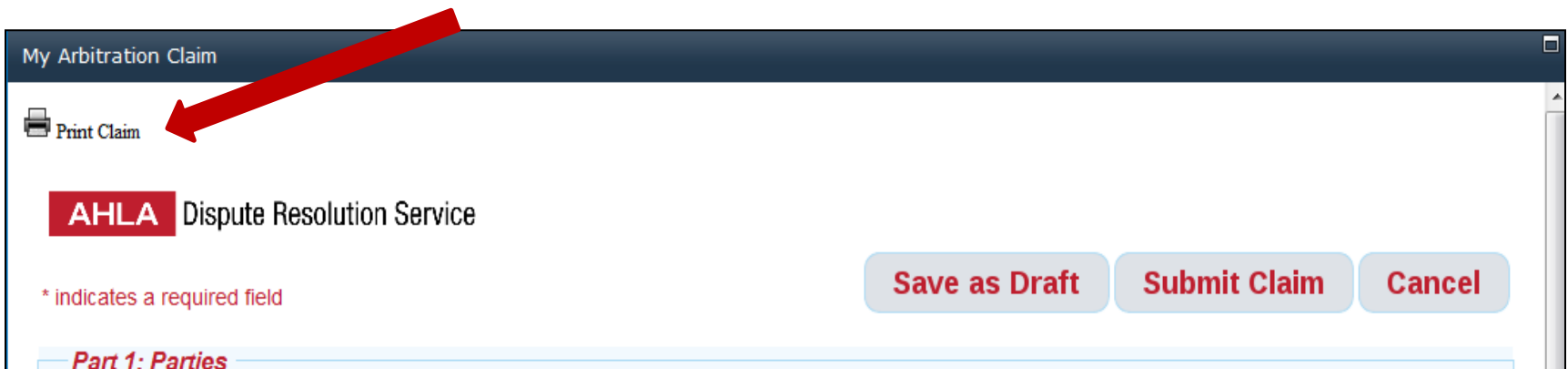
Password:

Sign me in automatically



Complete the Form

Important: To retain a copy of the Demand for Arbitration, select Print Claim before clicking on Submit Claim. Once a claim is submitted the information is stored in a different format.



My Arbitration Claim

Print Claim

AHLA Dispute Resolution Service

* indicates a required field

Save as Draft Submit Claim Cancel

Part 1: Parties

The claim must include:

- The name and contact information for a representative of the responding party.
- A statement that describes why you believe you are entitled to relief.
- A copy of an agreement that provides for this claim to be arbitrated under the AHLA Rules of Procedure for Arbitration. Alternatively, you may provide a court order requiring arbitration under the AHLA rules.

The statement and agreement (or order) can be uploaded, faxed, or delivered by regular mail. Instructions are on the demand form.

Pay the Filing Fee (unless exempt)

The form automatically calculates the filing fee based upon the information provided. You can pay online or by check.

You need not pay the filing fee if you are an “employee” or a “consumer.” These terms are defined in Rules 10.2 and 11.2. Briefly, an employee is someone who works or has worked in the health care industry, and a consumer is someone who either has received health care or treatment or is claiming on behalf of a current or former patient or resident. If you believe you are exempt, complete the form as follows:

Is this an employment or consumer dispute?

Are you the employee?

Is this an employment or consumer dispute?

Are you the consumer?

then click on “mail check” under payment options

* Payment Options:

When we see that you have identified yourself as an employee or consumer, we will not attempt to collect the fee. In other words, you do not need to provide a check.

Submit or Save

Once you have completed the form, click on “Submit Claim”

If you need to collect more information, click on “Save as Draft” and complete the form at a later time

Reminder: Once you click on Submit Claim you will no longer be able to print a copy of the form.

What Happens Next

- You will be notified when the case site is established. This may take a few days.
- The Administrator will let you know if any required information is missing.
- The Administrator will invite the responding party's representative to register in the Case Management System and gain access to the case site.

Questions?

Please contact us:

Johnnie Mickens | Case Specialist, Dispute Resolution Service

American Health Lawyers Association

1620 Eye Street, NW, 6th Floor

Washington, DC 20006-4010

(202) 833-0776

Email: JMickens@healthlawyers.org

Carine Brice | Manager, Dispute Resolution Service

American Health Lawyers Association

1620 Eye Street, NW, 6th Floor

Washington, DC 20006-4010

(202) 833-0762

Email: CBrice@healthlawyers.org

Geoff Drucker | Director, Dispute Resolution Service

American Health Lawyers Association

1620 Eye Street, NW, 6th Floor

Washington, DC 20006-4010

(202) 833-6945

Email: GDrucker@healthlawyers.org

**Thank you for using the
AHLA Dispute Resolution Service**