



200 GARDEN CITY PLAZA SUITE 102
GARDEN CITY, NY 11530

(516) 246-5008
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AGREEMENT TO ARBITRATE

All disputes that may arise between me (the undersigned) and Dr. Cohen and Neurological Surgery, P.C. (“NSPC”) which bills on behalf of Dr. Cohen, (or any of its subsidiaries, affiliates, or any of their respective shareholders, officers, directors, employees, physicians or other healthcare providers) for any reason related to my care or services from Dr. Cohen, NSPC or its subsidiaries or affiliates, including but not limited to financial disputes and/or claims related to the quality of care provided by Dr. Cohen or NSPC providers, shall be solely and finally settled by binding arbitration conducted by a single impartial arbitrator, mutually acceptable to me and Dr. Cohen, and NSPC. Any such arbitration shall be conducted in Nassau County, New York, and in accordance with the then-current Commercial Arbitration Rules of the American Arbitration Association. I, the undersigned, expressly acknowledge and agree that by agreeing to binding arbitration as set forth herein, I am waiving my right to a trial by injury.

Name: _____ Signature: _____

Keep one copy and return signed copy to Dr. Cohen