

Arbitration Award

Instructions: The Neutral Arbitrator must serve the Award form on the parties and the OIA. If there are three arbitrators, this Award must be signed by at least two of them. See Rules 37 - 39.

Arbitration Name: _____ **Arbitration Number:** _____

The Arbitrator(s) selected to determine the dispute between the Parties in the above referenced action, find(s):

An arbitration hearing was held on _____ .

It is the decision of the Arbitrator(s) that the prevailing Party in this Arbitration is **(check one)**:

_____ The Claimant(s) is entitled to _____.

Or:

_____ The Respondent(s) is entitled to _____.

The hearing was conducted **(check one)**:

_____ in person _____ by telephone _____ video conference _____ by documents only

Were attorney's fees awarded? _____ yes _____ no

If yes, how much and to whom? _____

The reasons for this decision are attached.

(Rule 38 requires that the Award provide findings of fact and conclusions of law, consistent with California Code of Civil Procedure Section 437c(g) or Section 632.)

Nothing in this arbitration decision prohibits or restricts the enrollee from discussing or reporting the underlying facts, results, terms and conditions of this decision to the Department of Managed Health Care.

Signature of Neutral Arbitrator

Date

Signature of Party Arbitrator

Date

Signature of Party Arbitrator

Date