

## Arbitration Award

**Instructions:** Use of this form is optional. Within fifteen business days of the date of the closing of most arbitration hearings, the Neutral Arbitrator must serve the Arbitration Award on the Parties and the Independent Administrator. If there were three arbitrators, this Award must be signed by at least two of them. See Arbitration Rules 37 - 39. Return to:

Office of the Independent Administrator  
3580 Wilshire Boulevard, Suite 2020  
Los Angeles, California 90010  
Fax: 213-637-8658

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**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 reasons for this decision are attached.**

(Arbitration 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