

Date: \_\_\_\_\_

Name of medical provider:

\_\_\_\_\_

Address of medical provider: \_\_\_\_\_

Dear Provider:

I am sending you this letter by \_\_\_ U.S. mail, \_\_\_ fax, \_\_\_ email, or \_\_\_ hand delivery to cancel all arbitration agreements I have signed. This letter cancels all arbitration agreements I may have signed for myself, my children, my parents or other patients for whom I am responsible. I want to cancel all arbitration agreements that I have signed to the fullest extent allowed by law.

The following information about myself and any other patients for whom I may have signed arbitration agreements is provided to assist you in implementing the rescission(s):

Name of each patient: \_\_\_\_\_.

Address of each patient: \_\_\_\_\_.

Date of birth and social security number of each patient: \_\_\_\_\_.

Please maintain this letter in your files. I am also keeping a copy of this letter for my records. Thank you for your assistance.

Sincerely,

\_\_\_\_\_  
Signature