



## Arbitration Fee & Payment Policy

**This document must be signed by each party and returned to HMA immediately.**

The arbitrator's time will be billed as detailed on the included Fee Structure Sheet

**Arbitration Initiation Fee                      \$1,500.00 per party**

This fee is due upon receipt from the Claimant when the Demand for Arbitration is filed with Henning Mediation & Arbitration Service (HMA) and from the Respondent(s) when then Demand for Arbitration is received from HMA. This case will not be assigned a Docket # or arbitrator(s) until this fee is received from all parties,

**Hearing Deposit Fee**

A deposit amount estimated by HMA and the arbitrator(s) to cover all fees and expenses will be invoiced to all parties **60 days** prior to the hearing date. This invoice is Due Upon Receipt. If all deposit invoices are not paid within **30 days** of the hearing date, HMA and the assigned arbitrator(s) will cease all work on the file. Such an interruption may make it necessary to reschedule the hearing date.

**Cancellation or Settlement**

If a scheduled arbitration is cancelled, settled or rescheduled, all arbitrator hours **plus** the following cancellation fees will be deducted from each party's deposit. Any unused balance will be refunded.

**Cancellation Date**

**Cancellation Fee**

10 or more days before hearing date

None

9 – 3 days before hearing date

4 hours for each scheduled hearing day

2 days or less before hearing date

8 hours for each scheduled hearing day

**Final Accounting & Billing**

When the hearing is complete and an award has been drafted; HMA will prepare a final invoice based on the total hours and expenses submitted by the arbitrator(s). All previous deposit payments will be applied to this invoice. Any unused portion of the deposits will be refunded to each party and the award will be published to all parties. Any balance due amounts will be billed to each party. This invoice will be "Due Upon Receipt".

**The arbitration award will not be published to any party until HMA has received full payment for all invoices from all parties.**



## Arbitration Fee & Payment Policy

I have read, understand and agree to all of the HMA Arbitration Fee & Payment Policies stated above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Please sign and return to HMA within seven (7) days of receipt