

Colorado Mediators & Arbitrators

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Med-Arbitration Fee Agreement

Colorado Mediators & Arbitrators™ | COMA requires a valid credit card or debit card to be kept on file to secure dispute resolution fees. Unless payment arrangements are made in advance COMA will charge dispute resolution fees to the credit or debit card on file.

1. **Initiation Fee:** Each Party is charged a \$75.00 non-refundable initiation fee upon signing the Med-Arbitration Submission Form.
2. **Hourly Rate:** Each Party agrees to pay COMA \$100.00 per hour.
3. **Billable Time:** Billable time includes the following:
 - a. Med-Arbitration Sessions: Med-Arbitration Sessions are scheduled in three (3) hour increments, charged as a block of time whether used in part or in whole.
 - b. Award Writing charged in 15 minute increments
4. **Charges:** The fees for each session are due and processed upon confirmation of scheduling.
5. **Facility Fee:** Actual cost + 10% when not using the facility at 4610 S Ulster St #150 Denver CO 80237
6. **Outstanding Balances and Collections:** COMA shall not be required to provide any award, decision or work product produced by a mediator or arbitrator until all charges and fees are paid. Outstanding balances payable to COMA are subject to a compounding monthly interest rate of 2%. Parties agree to pay any fees or costs incurred by COMA to collect any outstanding amounts owed by client. Such fees and costs may include, but shall not be limited to, collection agency commissions, fees or charges; attorney fees and costs; and court costs. Each party shall be jointly and severally liable for the fees and costs incurred pursuant to this paragraph.
8. **Cancellation Policy:** Refunds are subject to a \$50 processing fee. Med-Arbitration cancelled within 3 business days of session forfeit the full cost of session.

Card Holder's
Comments

Visa / MasterCard #

Discover and American Express not accepted

Expiration Date

V-Code

Name on Card

Billing Address

Billing City ST Zip

Phone # of Card Holder

Name of party for whom payment is made

Name of party for whom payment is made

I understand and agree to each of the provisions of this agreement. I authorize charges by COMA for fees related to the above-named party or parties..

Signature of Card Holder _____ Date _____

Printed name of Card Holder _____