

PLEASE EXECUTE AND RETURN THIS FORM TO THE COMMISSION no later than _____.

I. By signing below, I hereby acknowledge my understanding and acceptance of the following terms on behalf of my client(s).

- The mediation is scheduled for _____.
- The mediation will be held from _____. No additional time has been allotted. If additional time is required, a request must be made and granted prior to the mediation.
- An individual with ultimate authority to settle the case on behalf of the employer/insurer will either be present or participate in the mediation by telephone during the entirety of the mediation session. Exceptions to this rule may be obtained only from the assigned mediator prior to the mediation.
- By their presence at the mediation, the parties are deemed both willing to mediate in good faith and prepared to mediate, which includes having appropriate settlement authority and, if necessary, having a Medicare Set-Aside (MSA) proposal and having contacted the Centers for Medicare and Medicaid Services (CMS) to obtain conditional payments information.
- If the mediation is cancelled, continued, or otherwise removed from the mediation calendar at the request of one or both parties, it may not be rescheduled unless the assigned mediator agrees that good and sufficient cause for the removal is shown.
- If this matter is set for hearing prior to the scheduled mediation, the parties must contact the Deputy Commissioner to request a continuance. Continuances are granted at the discretion of the Deputy Commissioner.
- If this matter has been assigned to the mediator's hearing docket, the case will be reassigned to another Deputy Commissioner for hearing, which may result in a different hearing location.

Signature of Counsel

Date

II. Name and telephone number of each person attending the mediation via telephone.

III. Mediation Consent Form

Review the attached Mediation Consent Form. If you are not participating in person, sign the Mediation Consent Form and return it to the Commission **no later than** _____.