■ Enforcement Rule of the Act on Remedies for Injuries from Medical Malpractice and Mediation of Medical Disputes [Form 1] <Amended on June 12, 2019>

Medical Dispute Mediation Application (For Patients)

※ Mark √ in the applicable [ ] , and select or write the applicable details in ( ). (Front)

Incident no.	Submission date	Mediation date	Processing period 90 days(120 days)

Applicant	① Person concerned (patient)	Name		Date of birth		Gender	
		Address	※ Provide another address if the address you want to receive documents is different.				
		Contacts	(Mobile)	(Work)		(Home)	
		Email		Fax		SMS	[ ] Send [ ] Do not send
	② Person concerned (heir)	Name		Date of birth		Gender	
		Relationship with patient	(Date of birth: □□□□□□ / Gender:) [ ] Spouse, [ ] Lineal descendant, [ ] Lineal ascendant, [ ] Sibling [ ] Other ( )				
		Address	(Zip Code) ※ Provide another address if the address you want to receive documents is different.				
		Contacts	(Mobile)	(Work)		(Home)	
		e-mail		Fax		SMS	[ ] Send, [ ] Do not send

③ Representative of applicant	Name		Date of birth		Gender		
	Relationship with applicant	[ ] Legal representative, [ ] Spouse, [ ] Lineal descendant, [ ] Lineal ascendant, [ ] Sibling [ ] Lawyer [ ] Granted the power to represent the applicant ( )					
	Address	(Zip Code) ※ Provide another address if the address you want to receive documents is different.					
	Contacts	(Mobile)	(Work)		(Home)		
	e-mail		Fax		SMS	[ ] Send, [ ] Do not send	

④ Respondent (founder of healthcare institution, and medical staff)	Name/corporate name (institutional name)		Contacts		Name of person in charge	
	Address	※ Provide another address if the address you want to receive documents is different.			Fax	
	Name of medical staff			Contacts		
	Medical staff's medical specialty and field	[ ] Internal medicine (gastroenterology, cardiology, other), [ ] Surgery (general, plastic, orthopedic, neurosurgery, cardiothoracic) [ ] Obstetrics and gynecology/pediatrics and adolescents [ ] Ophthalmology/otorhinolaryngology [ ] Dermatology/urology [ ] Dentist, [ ] Oriental medicine [ ] Pharmacy [ ] Other ( )			

⑤ Details of mediation application	Details of medical dispute	※ Write the details of the dispute, such as the detailed account of medical malpractice, in the annex.		
	Requested amount for mediation		Fee	※ A prescribed rate will be charged depending on the amount of damage.
	Patient's status	**[ ] Death** **[ ] Comatose for one month or longer** **[ ] Severe disability** **[ ] Other ( )**		

⑥ Attempt to resolve the medical dispute	Check (√) the applicable field for the details of your previous attempts to settle the medical dispute related to the above mediation application, and provide details if your case corresponds to "Other" (do not provide details if not applicable). [ ] Brought a civil action [ ] Filed a mediation application at the Consumers Dispute Settlement Commission [ ] Other( ) ※ An example of "Other": Attempted to settle with the medical institution (medical staff), requested for a remedy to a relevant institution (organization), filed a mediation application in court, etc.

I hereby apply for mediation of a medical dispute pursuant to Article 27(1) of the Act on Remedies for Injuries from Medical Malpractice and Mediation of Medical Disputes and Article 7 of the Enforcement Rule of the same Act.

※ **[ ] I apply to receive an appraisal report once the appraisal in relation to the mediation application is complete (Receipt via [ ] email and/or [ ] fax).**

Date: 20 . . .

⑦ Applicant (or proxy) (seal or signature)

To the President of Korea Medical Dispute Mediation and Arbitration Agency to

Attached document(s)	1. A document proving the relationship between the patient and the heir (applicable only if the patient is deceased) 2. Power of Attorney and a document proving the relationship between the applicant and the representative (applicable only if the representative applies for mediation) 3. A document containing the description on the dispute including medical accident occurrence details, etc. 4. One of the following documents if the case is regarding the medical accident falling under the medical dispute mediation application target pursuant to Article 27 (9) of the Act A. Death: A document certifying the death, such as a death certificate or an autopsy report, and a copy of the medical records related to the death B. Unconsciousness for one month or longer: A document proving that the patient has been unconscious one month or longer, such as a medical certificate or doctor's opinion letter, and a copy of medical records related to the unconsciousness. C. For a severe disability: Copy of disability diagnosis certificate, disability registration certificate, and disability certificate according to the Enforcement Rule of the Act on Welfare of Persons with Disabilities.

210mm×297mm [general sheet 70g/㎡ (recycled)]

How to fill out the application

① **Applicant (Patient):** Include personal information such as the patient's name, contact information, and e-mail, and check (√) whether you want to receive the text message. If the patient is deceased, the heir of paragraph ② shall be written as the applicant.

② **Applicant (heir):** Fill in only if the patient is deceased (not related to whether or not to report death) and attach a certificate of family relations of the deceased patient to check that he/she is an heir. Fill in the personal information, contact information, and e-mail of the heir who is preparing for the application, and check (√) the applicable box.

③ **Representative of the applicant:** Fill in the personal information, contact information, and e-mail of the person who applies for mediation on behalf of the party concerned and check (√) on the applicable box. Any person other than those specified in Article 27 (2) of 「Relief of Medical Accident Damages and Mediation of Medical Dispute Act」 shall not be a representative. A person who is appointed as a representative must attach a power of attorney certifying the rights of representation.

④ **Respondent (Establisher of healthcare institution, healthcare provider):** Fill in the name of the individual, if the healthcare institution where the medical accident occurred has been established by an individual, the name of the corporation, if the establisher is a corporation (if the name of the individual or the corporation is unknown, the name of the healthcare institution), contact information, staff in charge of the matter, address, and fax number. After writing the name and contact information of the healthcare provider who performed the medical treatment, check (√) the applicable medical department. The official name of the healthcare institution should be written to avoid use of the colloquial name or abbreviated name. If you do not know the staff in charge or fax number, you can omit it. If there is more than one respondent, use a separate sheet and describe in the same manner.

⑤ **Details of mediation application:** Provide a brief summary of the medical dispute and write the detailed account of medical malpractice in the annex. Provide the details on lost profit, compensation, and the like, such as medical expenses, nursing expenses, losses arising from business closure, in the annex that contains the dispute details, such as the account of medical malpractice, and write the total sum for the amount of damage requested for mediation. If the amount of damage requested for mediation is KRW 5 million or less, you need to pay the basic fee of KRW 22,000, and if the amount exceeds KRW 5 million, you need to pay KRW 20 per KRW 10,000 in excess (KRW 10 if exceeding KRW 50 million). Any recipients under the National Basic Living Security Act and persons of distinguished service under the Act on the Honorable Treatment of and Support for Persons, Etc. of Distinguished Service to the State will be exempt from the fee, and persons with disabilities under the Act on Welfare of Persons with Disabilities will benefit from the reduced fee (50% reduction for persons with severe disabilities; 30% reduction for persons with non-severe disabilities).

⑥ **Prior attempts to resolve disputes:** Please check (√) the relevant items and briefly describe other matters.

⑦ **Applicant:** If the party concerned submits an application, the applicant himself/herself or if the representative of the party concerned submits an application, the representative shall sign or seal.

※ Upon completing the appraisal related to the mediation-requested accident, the appraisal report can be distributed free of charge only once. Please make sure to include the e-mail or fax number to receive the report if you request distribution.

Process Procedure

This application is processed as follows: