

Balance billing arbitrator application

Are you applying as an Individual or as an Arbitration Organization?	Individual
Your Name	Walden Shelton
WSBA/other professional license	Texas
Year admitted/year license issued	1999
Firm name (if applicable)	Hon. Walden Shelton
Street address	24165 IH 10 West, PMB 217-124
City	San Antonio
State	Texas
Zip code	78257
Phone	2107245196
Email	walden@wslaw.org
Is the applicant an attorney	Yes
Do you represent carriers?	No
Do you represent providers/facilities?	No
Years	2
Percentage of practice	98
Years	0
Percentage of practice	0
Years	0
Percentage of practice	0
Course name	Heath Care Arbitration
Course sponsor	AHLA
Instructor name	Geoff Drucker
Course description	Health Care arbitration course to be a panel

Arbitrator for AHLA

Date completed 12/09/2021

Do you have more training to enter? No

Course description Arbitrator Ethics

Instructor name VOD

Date completed 08/14/2021

How many times has the applicant has served as one of the following in a healthcare related matter? 435

Arbitrator

Administrative law judge

Superior court pro tem judge and/or commissioner

District court judicial officer

Enter combined number of times

Signed Walden Shelton

Today's date 12/08/2021
