

American Arbitration Association  
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

101 Rx Pharmacy Inc  
(Applicant)

- and -

Geico Insurance Company  
(Respondent)

AAA Case No.	17-23-1283-0445
Applicant's File No.	171.659
Insurer's Claim File No.	8711245420000001
NAIC No.	35882

### ARBITRATION AWARD

I, Anne Malone, the undersigned arbitrator, designated by the American Arbitration Association pursuant to the Rules for New York State No-Fault Arbitration, adopted pursuant to regulations promulgated by the Superintendent of Insurance, having been duly sworn, and having heard the proofs and allegations of the parties make the following **AWARD**:

Injured Person(s) hereinafter referred to as: EIP

1. Hearing(s) held on 06/14/2024, 07/22/2024  
Declared closed by the arbitrator on 07/22/2024

Allen Tsirelman, Esq. from Tsirelman Law Firm PLLC participated virtually for the Applicant

Jamie Milfort Elissaint, Esq. from Rivkin & Radler LLP participated virtually for the Respondent

2. The amount claimed in the Arbitration Request, **\$2,065.06**, was NOT AMENDED at the oral hearing.  
Stipulations WERE NOT made by the parties regarding the issues to be determined.
3. Summary of Issues in Dispute

The 33 year old EIP reported involvement in a motor vehicle accident on February 26, 2021; claimed related injury and received Lidocaine ointment, Cyclobenzaprine and Naproxen provided by the applicant on July 27, 2021.

The applicant submitted a claim for this prescription medication, payment of which was

initially denied based on the failure of the applicant to appear for two scheduled EUOs and based on the applicant's failure to respond to outstanding verification for 120 days from the date of the initial request. The claim was subsequently denied due to exhaustion of benefits.

**The issues to be determined at the hearing are:**

**Whether the respondent established that the no-fault benefits under the policy were exhausted.**

**Whether the respondent established that the EIP violated a condition precedent to coverage.**

**Whether the respondent's denial based on the EIP's failure to appear for an EUO can be sustained.**

**Whether the respondent's 120 day denial is proper.**

#### 4. Findings, Conclusions, and Basis Therefor

This hearing was held on Zoom and the decision is based upon the documents reviewed in the Modria File as well as the arguments made by counsel and/or representative at the arbitration hearing. Only the arguments presented at the hearing are preserved in this decision; all other arguments not presented at the hearing are considered waived.

In support of its contention that benefits under the policy at issue were exhausted at the time of the denial the respondent submitted a copy of the declaration page of the policy at issue, a copy of the payment ledger and proof of payment for medical payments and lost wages.

When an insurer has paid the full monetary limits set forth in the policy, its duties under the contract of insurance cease. Countrywide Ins. Co. v. Swah, 272 A.D.2d 245 (1<sup>st</sup> Dept. 2000.) A defense of no coverage due to the exhaustion of No-Fault policy limits may be asserted by an insurer despite its failure to issue an NF-10 denial of claim form within the requisite 30 day period. New York & Presbyterian Hosp. v. Allstate Ins. Co., 12 A.D.3d 579 (2d Dept. 2004.)

An arbitrator's award directing payment in excess of the limits of an insurance policy exceeds the arbitrator's power and constitutes grounds for vacatur of the award. Matter of Brijmohan v. State Farm Ins. Co., 92 N.Y.2d 821 (1998.)

Moreover, pursuant to NY Insurance Law §5102(b)(3) "amounts deductible under the applicable insurance policy" are a part of the reimbursed amount."

The respondent has preserved its defense in a timely and proper denial of claim based on the exhaustion of benefits. The applicant has failed to rebut the assertion that the benefits were exhausted.

Based on the foregoing, the respondent has established its defense of exhaustion of benefits.

Under these circumstances, the issues of no show EUO of the applicant and 120 day denial are moot.

**Accordingly, the claim is dismissed with prejudice.**

Any further issues submitted in the record are held to be moot and/or waived insofar as they were not raised at the time of this hearing. This decision is in full disposition of all claims for no-fault benefits presently before this Arbitrator.

5. Optional imposition of administrative costs on Applicant.  
Applicable for arbitration requests filed on and after March 1, 2002.

I do NOT impose the administrative costs of arbitration to the applicant, in the amount established for the current calendar year by the Designated Organization.

6. **I find as follows with regard to the policy issues before me:**

- The policy was not in force on the date of the accident
- The applicant was excluded under policy conditions or exclusions
- The applicant violated policy conditions, resulting in exclusion from coverage
- The applicant was not an "eligible injured person"
- The conditions for MVAIC eligibility were not met
- The injured person was not a "qualified person" (under the MVAIC)
- The applicant's injuries didn't arise out of the "use or operation" of a motor vehicle
- The respondent is not subject to the jurisdiction of the New York No-Fault arbitration forum

Accordingly, the claim is DENIED in its entirety

This award is in full settlement of all no-fault benefit claims submitted to this arbitrator.

State of CT  
SS :  
County of Fairfield

I, Anne Malone, do hereby affirm upon my oath as arbitrator that I am the individual described in and who executed this instrument, which is my award.

07/23/2024  
(Dated)

Anne Malone

**IMPORTANT NOTICE**

*This award is payable within 30 calendar days of the date of transmittal of award to parties.*

*This award is final and binding unless modified or vacated by a master arbitrator. Insurance Department Regulation No. 68 (11 NYCRR 65-4.10) contains time limits and grounds upon which this award may be appealed to a master arbitrator. An appeal to a master arbitrator must be made within 21 days after the mailing of this award. All insurers have copies of the regulation. Applicants may obtain a copy from the Insurance Department.*

**ELECTRONIC SIGNATURE**

**Document Name:** Final Award Form  
**Unique Modria Document ID:**  
6052192ad39c775f245496a3f9749883

**Electronically Signed**

Your name: Anne Malone  
Signed on: 07/23/2024