

American Arbitration Association
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

RCK Medical Services PC
(Applicant)

- and -

The Travelers Home And Marine Insurance
Company
(Respondent)

AAA Case No. 17-23-1301-9985

Applicant's File No. FDNY23-65915

Insurer's Claim File No. 272 PP IEI9918
003

NAIC No. 27998

ARBITRATION AWARD

I, Charles Blattberg, 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: Eligible injured person

1. Hearing(s) held on 06/26/2024
Declared closed by the arbitrator on 07/11/2024

Melissa Pirillo, Esq. from Fass & D'Agostino, P.C. participated virtually for the Applicant

Medgine Bernadette, Esq. from Law Offices of Tina Newsome-Lee participated virtually for the Respondent

2. The amount claimed in the Arbitration Request, **\$491.51**, 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 claimant was the 67-year-old female restrained driver of a motor vehicle that was involved in an accident on 11/24/20. Following the accident the claimant suffered injuries which resulted in the claimant seeking treatment. At issue are services provided by Applicant on 3/1/23. Respondent timely denied reimbursement based on the results of a 6/3/21 independent orthopedic examination (IME) conducted by Dorothy Scarpinato, M.D.

4. Findings, Conclusions, and Basis Therefor

Based on a review of the documentary evidence, this claim is decided as follows:

An applicant establishes a prima facie case of entitlement to reimbursement of its claim by the submission of a completed NF-3 form or similar document documenting the facts and amounts of the losses sustained and by submitting evidentiary proof that the prescribed statutory billing forms [setting forth the fact and the amount of the loss sustained] had been mailed and received and that payment of no-fault benefits were overdue. See, *Mary Immaculate Hospital v. Allstate Insurance Company*, 5 A.D.3d 742, 774 N.Y.S.2d 564 (2nd Dept. 2004). I find that Applicant established a prima facie case for reimbursement.

The claimant was the 67-year-old female restrained driver of a motor vehicle that was involved in an accident on 11/24/20. The claimant reportedly injured her neck, bilateral shoulders, rib cage, mid back, and low back. There was no reported loss of consciousness. There were no reported lacerations or fractures. Following the accident the claimant was transported by ambulance to Plainview Hospital where she was evaluated, treated, and released. Subsequently the claimant presented to Ronald P. Mazza, D.C. and was initiated on chiropractic treatment. Contemporaneously or subsequently the claimant was initiated on acupuncture. On 12/16/20 the claimant presented to Susan Zullo, D.C. and Richard Koffler, M.D. of RCK Medical Services, PC (Applicant) for an injury certification report and impairment summary ("ICR-IS testing") that consisted of a physical examination (including complaints, ADL evaluation, and orthopedic testing) and computerized range of motion and manual muscle testing. The report asserts "the goal of this certification and impairment study/assessment is to guide a multidisciplinary treatment protocol for the patient that recognizes the efficacy of treatment rendered at various treatment stages. This plan will be reviewed to determine the continued propriety of treatment types and frequency." On or before 12/18/20 the claimant presented to Sharon Catague, DPT of Hector Melgar PT, P.C. with complaints of neck pain rated 7/10 (where 0 is no pain and 10 is the worst pain), bilateral shoulder pain rated 6/10, mid back pain rated 7/10, right sided rib pain rated 7/10, and low back pain rated 10/10 radiating down the left leg. The claimant was initiated on physical therapy modalities. On 1/13/21 Dr. Mazza prescribed the use of a sustained acoustic medicine (SAM) device plus coupling gel provided by Duramed Inc. 1/13/21-2/16/21. On 1/13/21 the claimant underwent ICR-IS testing. On 2/17/21 Dr. Mazza prescribed the use of a sustained acoustic medicine (SAM) device plus coupling gel provided by Duramed Inc. 2/24/21-3/23/21. On 2/17/21 the claimant underwent ICR-IS testing. On 2/26/21 the claimant presented to Demetrios Mikelis, M.D. of New York Spine Specialist/Prompt Medical Spine Care, PLLC where epidural steroid injections were discussed and the claimant was recommended to continue conservative care including physical therapy and chiropractic treatment. On 3/1/21 the claimant presented to Svetlana Fuzaylova, M.D. of Multi-Specialty Pain Management, P.C. who performed Extracorporeal Shockwave Therapy (ESWT). On 3/15/21 the claimant returned to Dr. Fuzaylova who notes "she reports shock therapy relief about 80% pain for about two days and pain returned." Dr. Fuzaylova determined "I am scheduling

Extracorporeal Shockwave Therapy to L spine #2, recommending C spine, both shoulders (also considered Radial Shockwave therapy or Extracorporeal Pulse Activation Therapy) at this time due to the patient's ongoing symptomatology in regards to their levels of pain and/or dysfunction of the injured body part." Dr. Fuzaylova performed ESWT. On 4/16/21 Daniel Giangrasso, D.O. of New York Spine Specialist/Prompt Medical Spine Care, PLLC performed left lumbar trigger point injections (TPI). On 4/26/21 Joshua Kaye, M.D. of Multi-Specialty Pain Management, P.C. performed ESWT. On 4/30/21 Dr. Giangrasso conducted a follow-up examination noting post TPI the claimant experienced about 2 days of improvement and Dr. Giangrasso performed left lumbar TPI. On 5/5/21 the claimant underwent ICR-IS testing. On 5/10/21 Dr. Kay performed ESWT. On 5/14/21 Dr. Giangrasso conducted a follow-up examination noting the claimant "is experiencing 70-80% improvement" in lumbar pain and Dr. Giangrasso performed TPI to the left Piriformis and left Gluteus Maximus. On 5/17/21 the claimant presented to Sebastian Lattuga, M.D. of New York Spine Specialist/Prompt Medical Spine Care, PLLC whose diagnosis was "Cervical spine pain; Cervical radiculopathy; Herniated cervical intervertebral disc; Sprain thoracic region w/HNP; Lumbar spine strain w/ HNP; Spondylolisthesis." Surgical and non-surgical treatments were discussed and claimant "having understood the risks and benefits the patient asked us to proceed with surgery/procedure." On 5/17/21 Douglas Schwartz, D.O. of New York Spine Specialist/Prompt Medical Spine Care, PLLC conducted lower extremities EMG/NCV testing that suggested evidence consistent with left L4 radiculopathy and nerve denervation. On 6/3/21 the claimant was required to present to Dorothy Scarpinato, M.D. for an independent orthopedic re-examination (IME) that was purportedly negative and Respondent determined "DENIED AS OF 06/14/2021 BASED ON INDEPENDENT MEDICAL EXAM FINDINGS BY DR. DOROTHY SCARPINATO MD 6/3/2021." On 6/9/21 the claimant underwent ICR-IS testing. On 6/21/21 Dr. Lattuga conducted a follow-up examination. The claimant presented with complaints of back pain rated 7/10 and neck pain rated 6/10. Cervical examination revealed tenderness and spasms noted. There were restricted ranges of motion, flexion 45/70°, extension 20/45°, and bilateral turning to 45/80°. Biceps reflexes were normal (2+); but triceps were reduced bilaterally (1+) and reduced left brachioradialis (1+). Upper extremities muscle strength was normal (5/5); except 4/5 right biceps. Sensation was normal. Lumbar examination revealed tenderness and spasms noted. There were restricted ranges of motion, flexion 45/90°, extension 15/40°, and bilateral turning to 30/60°. Lower extremities muscle strength was normal (5/5); except 4/5 hip flexors bilaterally, bilateral quadriceps, bilateral tibialis, and bilateral EHL. Straight leg raise was positive bilaterally at 30°. Sensation was normal. Dr. Lattuga notes "patient not inclined for surgical options at this time continue pain management." On 6/23/21 Dr. Giangrasso conducted a follow-up examination and performed left lumbar paraspinals TPI. On 6/24/21 the claimant presented to Dr. Schwartz, who notes the claimant "is experiencing 70-80% improvement." The claimant was scheduled for lumbar epidural steroid injections (LESI) on 7/21/21. The 6/25/21 treatment notes by Dr. Mazza indicate "the patient reported she is feeling a slight improvement in the condition of cervical pain. She indicated that she is feeling a slightly better in the low back area. The patient states that the midback pain is slightly improved. She further reports that she is experiencing a slight decrease of pain and discomfort of her left shoulder and the right shoulder pain has been a little better since the last visit. She also related that the rib pain on the right side has been a little better since the last

visit [and] the rib pain on the left side has been feeling slightly better." The claimant rated her pain as neck pain 3/10, low back pain 3/10, midback pain 3/10, left shoulder pain 3/10, right shoulder pain 4/10 and bilateral rib pain 3/10. "Spinal evaluation revealed a decrease in the degree of joint fixation at C2-C6, T2-T8 and L1-L6. A lessened degree of pain at C2-C6, T2-T8 and L1-L6 bilaterally was elicited on examination of the spine. A reduced degree of swelling at C2-C6, T2-T8 and L1-L6 bilaterally was elicited. A decrease in the amount of heat at C2-C6, T2-T8 and L1 L6 bilaterally was exhibited on palpation of the vertebral segments and the surrounding tissue. In checking for muscle rigidity, decreased hypertonicity of the suboccipital muscles, cervical paraspinal muscles, upper thoracic muscles, mid thoracic muscles and lumbar paraspinal muscles bilaterally was revealed." The claimant was continued on chiropractic treatment. On 7/8/21 the claimant underwent ICR-IS testing. On 7/12/21 Dr. Fuzaylova performed right shoulder ESWT. On 7/26/21 Dr. Fuzaylova performed right shoulder ESWT. On 7/28/21 the claimant underwent ICR-IS testing. On 8/9/21 Dr. Giangrasso conducted a follow-up examination and performed L3-L5 transforaminal epidural steroid injections and epidurogram. On 8/27/21 Dr. Giangrasso conducted a follow-up examination noting "patient is s/p left lumbar TFESI#1 L3-5 on 8/9/21 and is experiencing 80% improvement. Patient grades her pain today a 3/10. Patient is pleased with the response to the procedure. Patient feels no further intervention is needed at this time." On 9/10/21 Dr. Mikelis conducted a follow-up examination where surgical intervention was discussed and declined. On 9/27/21 Robert Andrews, D.O. of Multi-Specialty Pain Management, P.C. conducted a follow-up examination. The claimant presented with complaints of aching and sharp sensation in her right shoulder, radiating pain down her lower extremities with muscle spasms, aching and stiff sensation in her neck and shoulders, slight headaches and dizziness, and right shoulder pain worse than left with limited ROM and tingling. Dr. Andrews notes "she reports shock therapy relief about 50% for about a week." Left shoulder examination revealed "range of motion was diminished with abduction and flexion to 150/180°. There is tenderness over the acromioclavicular joint. There is tenderness over the anterolateral shoulder. Internal and external rotation is diminished to 45/90° secondary to pain. There is pain on extremes of motion." Right shoulder examination revealed "range of motion was diminished with abduction and flexion to 120/180°. There is tenderness over the acromioclavicular joint. There is tenderness over the anterolateral shoulder. Internal and external rotation is diminished to 45/90° secondary to pain. There is pain on extremes of motion. Swan deformities both hands, ulner deviations both wrists." Dr. Andrews performed right shoulder ESWT. On 10/1/21 Dr. Giangrasso conducted a follow-up examination and the claimant was recommended for continued lumbar TPIs. On 10/11/21 Dr. Andrews performed left shoulder ESWT. On 10/25/21 Dr. Andrews performed left shoulder ESWT. On 11/19/21 Dr. Giangrasso conducted a follow-up examination noting "patient is s/p left lumbar TFESI#1 L3-5 on 8/9/21 and had experienced improvement. Patient grades her low back pain today a 5/10. Patient mostly c/o bilateral axial low back pain. Patient describes the pain as uncomfortable with muscle soreness." The claimant was recommended for additional lumbar trigger point injections and lumbar medial branch blocks. Lumbar trigger point injections were performed. On 11/22/21 Dr. Andrews performed left shoulder ESWT. On 11/29/21 the claimant underwent ICR-IS testing. On 12/6/21 Dr. Andrews conducted a follow-up examination and performed left shoulder ESWT. On 12/15/21 Dr. Giangrasso performed L4, L5 transforaminal epidural steroid injections and epidurography. On 12/17/21 Dr.

Mikelis conducted a follow-up examination and the claimant was recommended for surgery. On 12/20/21 Sharon Catague, DPT conducted a follow-up examination and the claimant was recommended for continued physical therapy. On 12/20/21 Dr. Andrews performed left shoulder ESWT. On 1/19/22 Dr. Giangrasso conducted a follow-up examination and performed lumbar trigger point injections. On 1/24/22 Sharon Catague, DPT conducted a follow-up examination and the claimant was recommended for continued physical therapy. On 2/2/22 Susan Zullo, D.C. and Richard Koffler, M.D. of RCK Medical Services, P.C. conducted ICR-IS testing. On 2/14/22 Dr. Giangrasso conducted a follow-up examination and performed lumbar trigger point injections. On 3/17/22 Sharon Catague, DPT conducted a follow-up examination and the claimant was recommended for continued physical therapy. On 3/18/22 Dr. Giangrasso conducted a follow-up examination surgery was discussed and declined. On 3/25/25 Dr. Giangrasso conducted a follow-up examination and performed lumbar trigger point injections. On 4/5/22 Applicant conducted ICR-IS testing. On 6/27/22 Applicant conducted ICR-IS testing. On 11/1/22 Applicant conducted ICR-IS testing. On 2/20/23 Dr. Giangrasso conducted a followup examination noting "Patient Is s/p lumbar TPis on 1/30/23 and had experienced minimal improvement. Pain has recurred, Patient today mostly q/o axial low back pain. Patient grades her pain today a 6-7/10. Patient grades her neck pain today a 2.5/10." Examination of the cervical spine revealed tenderness, spasms, decreased range of motion, decreased muscle strength, decreased reflexes and positive Spurling's test on the right. Examination of the right shoulder revealed positive Hawkin's test and Neer's test. Examination of the thoracic spine revealed tenderness, spasms and decreased range of motion. Examination of the lumbar spine revealed tenderness, spasms, decreased range of motion, decreased muscle strength and positive Facet Loading test bilaterally. Dr. Giangrasso prescribed continued physical therapy, Gabapentin and a TENS unit. On 3/1/23 the claimant presented to Applicant's office with complaints of neck pain rated at 2/10; mid back pain rated 5/10; lower back pain radiating to the left lower extremity associated with numbness and tingling sensation, pain rated 6/10 and right shoulder pain rated at 5/10. Examination of the cervical spine revealed muscle spasms and tenderness on palpation; tenderness in the joints, bilateral suboccipitals and trapezius muscles; joint fixation throughout the spine; positive Cervical Compression test and Soto-Hall test. Examination of the thoracic spine revealed muscle spasms and tenderness on palpation; tenderness and joint fixation throughout the spine. Examination of the lumbar spine revealed muscle spasms and tenderness on palpation; spasms in the bilateral erector spinae and quadratus lumborum; tenderness over the lumbar joints; positive Valsalva test and Straight Leg Raising test on the left side. Muscle strength was decreased. Among the treatment recommended was ICR-IS testing performed the same day and that is at issue here.

The burden has shifted to the Respondent as they have raised a medical necessity defense. In order to support a lack of medical necessity defense respondent must "set forth a factual basis and medical rationale for the peer reviewer's determination that there was a lack of medical necessity for the services rendered." See, *Provvedere, Inc. v. Republic Western Ins. Co.*, 2014 NY Slip Op. 50219(U) (App. Term 2nd, 11th and 13th Jud. Dists. 2014). Respondent bears the burden of production in support of its lack of medical necessity defense, which if established shifts the burden of persuasion to Applicant. See generally, *Bronx Expert Radiology, P.C. v. Travelers Ins. Co.*, 2006 NY Slip Op. 52116 (App. Term 1st Dept. 2006). As a general rule, reliance on rebuttal

documentation will be weighed in light of the documentary proofs and the arguments presented at the arbitration. Moreover, the case law is clear that a provider must rebut the conclusions and determinations of the IME/peer doctor with his own facts. *Park Slope Medical and Surgical Supply, Inc. v. Travelers*, 37 Misc.3d 19 (2012).

An IME report asserting that no further treatment is not medically necessary must be supported by a sufficiently detailed factual basis and medical rationale, which includes mention of the applicable generally accepted medical/professional standards. *Carle Place Chiropractic v. New York Central Mutual Fire Ins. Co.*, 19 Misc.3d 1139(A), 866 N.Y.S.2d 90 (Table), 2008 N.Y. Slip Op. 51065(U), 2008 WL 2228633 (Dist. Ct. Nassau Co., Andrew M. Engle, J., May 29, 2008).

Respondent timely denied the services at issue based on the 6/3/21 independent orthopedic examination (IME) conducted by Dorothy Scarpinato, M.D. After reviewing the claimant's history, treatment, and medical records, Dr. Scarpinato conducts what appears to be a thorough examination. Dr. Scarpinato documents the claimant's then current complaints as pain to her neck, back and right shoulder; as well as left leg numbness. Examination of the cervical spine revealed no muscle spasm. There was no complaint of tenderness over the paraspinal musculature. Examination of the cervical spine revealed range of motion of flexion to 60/60°, extension to 45/45°, side bending to 45/45° and rotation to 80/80°. Reflexes were present, equal and symmetrical in the upper extremities. Muscle strength was good with no noted atrophy. No sensorial deficits were noted. Handgrip, pinch and grasp were normal. Examination of the bilateral shoulders revealed no complaint of tenderness to the bilateral shoulders on palpation. Range of motion of the bilateral shoulders revealed forward elevation to 180/180°, backward elevation to 40/40°, abduction to 180/180°, adduction to 45/45°, external rotation to 90/90°, and internal rotation to 40/40°. Impingement tests were negative. R/C strength was 5/5. Examination of the bilateral wrists/hands revealed swayed deformities secondary to history of RA. There was no complaint of tenderness. There was no evidence of swelling. Range of motion of the bilateral wrists/hands was dorsiflexion to 70/70°, palmar flexion to 80/80°, radial deviation to 20/20° and ulnar deviation to 30/30°. Phalen's test was negative. Tinel's sign was negative. Examination of the bilateral elbows revealed no complaint of tenderness on palpation. Range of motion of the bilateral elbows was flexion to 135/135°, extension to 0/0°, supination to 90/90° and pronation to 90/90°. Examination of the thoracolumbar spine revealed scoliosis. No muscle spasm was noted. There was a subjective complaint of **tenderness** to the left paraspinal musculature. Examination of the thoracolumbar spine revealed range of motion of flexion to 90/90°, extension to 30/30°, bilateral lateral bending to 30/30° and bilateral rotation to 30/30°. Straight leg raise test was negative in the supine position. Reflexes were present, equal and symmetrical in the lower extremities. Muscle strength was good with no noted atrophy. No sensorial deficits were noted. Measurements of the thigh and calf girth were equal and symmetric. The claimant was able to walk on heels/toes and could squat. Examination of the bilateral hips revealed no complaint of tenderness on palpation. Range of motion of the bilateral hips was forward flexion to 125/125°, backward flexion to 30/30°, abduction to 45/45°, adduction to 20/20°, internal rotation to 35/35° and external rotation to 45/45°. Examination of the bilateral knees revealed range of motion of flexion to 135/135° and extension to 0/0°. There was no complaint of tenderness. There was no evidence of swelling. Drawer sign

and Effusion were negative. Quad strength was intact. There was no instability. Examination of the bilateral ankles/feet revealed healed surgical scars secondary to prior RA surgery with disoriented left ankle/foot and dependency due to RA. Range of motion of the bilateral ankles/feet revealed dorsiflexion to 20/20°, plantar flexion to 50/50°, inversion to 5/5° and eversion to 5/5°. There was no complaint of tenderness. There was no evidence of swelling. Dr. Scarpinato's diagnosis was cervical spine strain resolved, thoracolumbar spine strain resolved, and right shoulder sprain resolved. Dr. Scarpinato concluded "based on my physical examination and medical records reviewed there were subjective complaints of pain with no objective findings, therefore there is no medical necessity for continued care in my specialty. There is no medical necessity for physical therapy. There is no medical necessity for injections, durable medical equipment and diagnostic imaging."

If the defendant insurer presents sufficient evidence to establish a defense based on the lack of medical necessity, the burden shifts to the plaintiff which must then present its own evidence of medical necessity. See, *West Tremont Medical Diagnostic P.C., v. Geico*, 13 Misc.3d 131 (A), 824 NYS 2d 759 (App. Term 2d & 11th Dists, 2006).

Applicant submitted a 9/6/23 IME rebuttal by Clifton Burt, M.D. After reviewing the claimant's history, treatment, and medical records, Dr. Burt opines "after careful review of the records, I find that the Work Related or Medical Disability Evaluation prescribed and performed was medically necessary because it can prevent secondary aggravation to the injured areas, increase the promotion of healing and expedite the improvement of patient symptoms and function, and significantly improved their quality of life. The denial based on the June 03, 2021 health exam by Dorothy Scarpinato, M.D., denies pain management. This is just a "snapshot", a moment in time that should have no bearing on continuing treatment by Dr. Koffler." Dr. Burt concludes "the patient's complaints, the history and the findings on examination justified the Work Related or Medical Disability Evaluation, and the results can be beneficial for determining and confirming the diagnosis, the extent of treatment and the prognosis. In conclusion, based on the foregoing, the services rendered by Richard Koffler, M.D., was medically necessary."

In regard to the 6/3/21 independent orthopedic examination (IME) conducted by Dorothy Scarpinato, M.D. this Arbitrator held in AAA Case No.: 17-21-1228-1129 "*the medical reports in evidence are persuasive as to the need for continued medical treatment beyond the IME cut-off date. These reports include (but are not limited to) the 6/1/21 physical therapy reevaluation by Dr. Catague, the 6/21/21 follow-up examination by Dr. Lattuga, the 6/23/21 follow-up examination by Dr. Giangrasso, 6/25/21 treatment notes by Dr. Mazza,; as well as the continued post IME ESWT performed by Dr. Fuzaylova. It is noted that this Arbitrator arrived at similar conclusions in AAA Case Nos.: 17-21-1215-1167, 17-21-1218-3141, 17-21-1216-9732, and 17-21-1224-4602.*"

It is noted that this Arbitrator arrived at similar conclusions in AAA Case Nos.: 17-22-1249-6262, 17-22-1252-9160, 17-22-1259-1663, 17-22-1259-1541, 17-22-1253-2857, 17-22-1242-2509, 17-22-1239-1184, 17-22-1239-7338 and

17-23-1299-5103. Here Respondent has not submitted any significant new evidence, while Applicant has submitted more medical reports and the 9/6/23 rebuttal by Dr. Burt supporting the necessity of such treatment. Accordingly, Applicant is awarded \$491.51.

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 applicant is AWARDED the following:

A.

Medical		From/To	Claim Amount	Status
	RCK Medical Services PC	03/01/23 - 03/01/23	\$491.51	Awarded: \$491.51
Total			\$491.51	Awarded: \$491.51

- B. The insurer shall also compute and pay the applicant interest set forth below. 06/01/2023 is the date that interest shall accrue from. This is a relevant date only to the extent set forth below.

Interest runs from 6/1/23 (the date that arbitration was requested) until the date that payment is made at two percent per month, simple interest, on a pro rata basis using a thirty day month.

C. Attorney's Fees

The insurer shall also pay the applicant for attorney's fees as set forth below

Pursuant to 11 NYCRR §65-4.6 (d), ". . . the attorney's fee shall be limited as follows: 20 percent of the total amount of first-party benefits and any additional first-party benefits, plus interest thereon for each applicant for arbitration or court proceeding, subject to a maximum fee of \$1,360.

D. The respondent shall also pay the applicant forty dollars (\$40) to reimburse the applicant for the fee paid to the Designated Organization, unless the fee was previously returned pursuant to an earlier award.

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

State of NY

SS :

County of Nassau

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

07/26/2024

(Dated)

Charles Blattberg

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:
0e000e35d85c1ba0dff7ffd045e0209c

Electronically Signed

Your name: Charles Blattberg
Signed on: 07/26/2024