American Arbitration Association
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

Etzem Diagnostic Inc (Applicant)	AAA Case No.	17-23-1295-1771
	Applicant's File No.	DK23-329131
- and -	Insurer's Claim File No.	1123184
	NAIC No.	16616
American Transit Insurance Company (Respondent)		

ARBITRATION AWARD

I, Matthew Brew, 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: Injured Party or IP

1. Hearing(s) held on 09/30/2024
   Declared closed by the arbitrator on 09/30/2024

   Henry Guindi, Esq. from Korsunskiy Legal Group P.C. participated virtually for the Applicant

   Helen Cohen, Esq. from American Transit Insurance Company participated virtually for the Respondent

2. The amount claimed in the Arbitration Request, **$1,151.19**, was AMENDED and permitted by the arbitrator at the oral hearing.

   $912.06 per fee schedule as stipulated by the parties.

   Stipulations WERE made by the parties regarding the issues to be determined.

   The parties also stipulated to Applicant's prima facie case and to the timeliness of Respondent's denial.

   The parties further stipulated that should Applicant prevail, interest would accrue from the filing date of April 14, 2023.

3. Summary of Issues in Dispute

Applicants' assignor, hereinafter referred to as the Injured Party or "IP", is described as a then 40-yr-old female passenger of a motor vehicle involved in an accident on November 27, 2022. Subsequent to the loss, the IP sought various treatments in regard to injuries claimed to have resulted from the underlying MVA.

In this case, Applicant was initially seeking reimbursement in the amount of $1151.19 in regard to its bill for ultrasound performed on December 21, 2022. However, after discussing fee schedule the parties stipulated to amend that amount to $912.06.

Respondent received Applicant's bill on January 13 and maintains that the time to pay or deny same was tolled pending its request for verification. Reimbursement was ultimately denied on May 8, 2023 based upon the IP's testimony at his EUO, a claimed lack of coverage/ lack of causation, and a peer review by Dr. Reuben D. Burshtein, DO.

In part, Applicant argues that Respondent failed to establish its lack of coverage/ causation defense based on the record presented.

Applicant further offers a rebuttal from Dr. Drora Hirsh, MD, in response to Dr. Burshtein's peer.

Notably, all fee issues were resolved by stipulation. I further note that the parties stipulated to Applicant's prima facie case and to the timeliness of Respondent's denial.

Thus, the issues to be decided in this case are:

Whether Respondent established and sustained its lack of coverage/ lack of causation defense in regard to Applicant's bill for the ultrasound services provided on December 21, 2022?

If answered in the negative, whether Respondent established and sustained its defense in regard to same based upon a claimed lack of medical necessity as per the peer review by Dr. Burshtein?

4. Findings, Conclusions, and Basis Therefor

Upon comparing all the relevant evidence submitted by the parties as contained in the electronic file maintained by the American Arbitration Association, and in consideration of the oral arguments presented by each party, ***I find in favor of Respondent and deny Applicant's claim in its entirety.***

Upon stipulating to Applicant's prima facie case, the burden shift to Respondent who must now rebut the presumptions that attached to Applicant's claim and to establish its stated defenses.

Lack of Coverage/Causation

In the case at bar, Respondent first asserts a lack of coverage/lack of causation defense.

When alleging lack of coverage, "the insurer bears the burden of coming forward with admissible evidence of the fact of lack of coverage, or of the foundation for its belief that there is no coverage". Mount Sinai Hosp. v. Triboro Coach, 263 A.D. 2d 11, 19-20 (2nd Dept., 1999). An insurer's "founded belief" cannot be based upon "unsubstantiated hypotheses and suppositions". A.B. Med Services PLLC v. Eagle Ins. Co., 3 Misc. 3d 8, 9 (App. Term 2d Dept, 2003). Further, its defense must be established by a preponderance of the evidence. V.S. Medical Services, P.C., v. Allstate, 25 Misc. 3d 39, 889 NYS 2d 360, (App Term 2nd Dept. 2009). The burden of persuasion still remains with the Applicant to prove that the loss was a covered event under the policy. Id. Further, "if the insurer carries its burden…the insured must rebut it or succumb". A.B. Medical Services PLLC v. State Farm Mutual Automobile Ins. Co., 7 Misc.3d 822, 795 N.Y.S.2d 843 (Civ. Ct. Kings Co. 2005).

In support of its defense, Respondent relies in part upon its EOB, a "Biomechanical Science Report" prepared by Zachary Merril, PhD, dated April 20, 2023, a copy of the IP's EUO transcript, a copy of the police report, a copy of a Civil Court case from Richmond County from 2007 (Manhattan Medical Imaging, PC v. State Farm Mut. Auto. Ins. Co., and the arguments of counsel.

Notably, Respondent did not provide a written brief of position statement marshalling any of its evidence or detailing any of its arguments. Respondent uploaded a copy of the IP's EUO transcript, but did not cite to any specific page, line or testimony in support of position. Further, Respondent uploaded a copy of Manhattan Medical but fails to explain why same is relevant to this case.

In part, Respondent's EOB provides the following:

> ENTIRE CLAIM IS DENIED BASED UPON EXAMINATION UNDER OATH CONDUCTED ON 03/28/23. AMERICAN TRANSIT IS ASSERTING A LACK OF COVERAGE, AS IT HAS ESTABLISHED THE FACT OR FOUNDED BELIEF THAT THE CLAIMANT S TREATED CONDITION WAS UNRELATED TO THE MOTOR VEHICLE ACCIDENT. THE ELIGIBLE INJURED PERSON FAILED TO ESTABLISH THAT THE ALLEGED INJURIES WERE CAUSALLY RELATED TO THE MOTOR VEHICLE ACCIDENT.

THE CLAIM OF BENEFITS ARE DENIED BASED ON A LACK OF CAUSATION AS OPINION BASED ON THE BIOMECHANICAL SCIENCE EXPERT REPORT OF ZACHARY MERRILL, PH.D. DATED 04/20/23.

THIS SERVICE(S) WAS DENIED BASED ON A PEER REVIEW BY A REVIEWER/PHYSICIAN.

PEER REVIEW BY Dr. Reuben D. Burshtein, D.O., ATTACHED

THE CLAIM OF BENEFITS ARE DENIED BASED ON A LACK OF CAUSATION AS OPINION BASED ON THE BIOMECHANICAL SCIENCE EXPERT REPORT OF ZACHARY MERRILL, PH.D. DATED 04/20/23.

In regard to Mr. Merril's report, I note that he provides a *scientific argument* as to why, in his opinion, the claimed injuries could not have resulted from the underlying MVA. He maintains in part that:

Upon impact to the rear of the Toyota, the occupant compartment of the vehicle moved forward at a low velocity. Based on Newton's laws of motion (as described above), [the IP's] body moved rearward relative to the interior of the vehicle.2 During the rearward motion, her back came into contact with the padded seat back and her head contacted the head rest. As such, the seat frame and the head rest supported [the IP's] spine, and did not allow her back to bend backward beyond its physiological range of motion.3…

Following her initial movement and during the rebound motion, [the IP's] body tended to move forward at a velocity significantly less than that of the initial motion. [the IP] testified that she was not wearing her seat belt at the time of the accident. The friction between her body and the seat, however, reduced and ultimately arrested her transitional motion. Nevertheless, [the IP's] head acceleration and any associated cervical spine flexion would be less than those experienced by a belted occupant.4 [The IP] experienced a minor change in velocity as a result of the subject incident; this accident provided no mechanism to exceed the natural physiological range of motion of her spine.5,6

Injury Analysis

Based on her testimony and medical records, [the IP] complained of injuries to her cervical and lumbar spines, including three spine disc herniations. Biomechanical studies have shown that within normal ranges of motion, disc bulges and herniations typically only occur alongside damage to bony structures as a result of individual loading events.7-10 Based on her kinematics as described above, there was no opportunity for [the IP's] spine to exceed its natural physiological range of motion; her initial rearward motion was

restrained by her padded seat back and head rest, and she experienced minimal spinal flexion during her rebound forward motion due to her lack of restraint use.

Research studies have been conducted in the form of vehicle crash testing similar to the subject incident using human volunteers and anthropometric test devices (ATDs).6,11-13 These studies have employed instrumented vehicles and ATDs to measure the forces acting on the occupants during similar rear-end collisions. These tests have involved impact forces comparable to or greater than those experienced by the Toyota, thus the results of these studies can serve as a conservative upper bound for [the IP's] kinematics and spine loads. The results of these experiments demonstrate that the loads acting on the spine during these impacts are substantially lower than the thresholds for damage to the bones, ligaments, and discs of the spine as reported in the biomechanical literature. Finally, these results demonstrate that the loads acting on the lower back during the testing are similar to those associated with everyday activities such as bending and lifting.3

I did not find Dr. Merril's report, standing alone, persuasive in terms of establishing by a preponderance of the evidence, Respondent's lack of causation defense.

In part, I note that Dr. Merril claims that "Finally, these results demonstrate that the loads acting on the lower back during the testing are similar to those associated with everyday activities such as bending and lifting". Even assuming this to be true, Dr. Merril appears to claim that a person could not apparently be injured engaging in "everyday activities such as bending and lifting". I do not agree with his statement.

Further, I note that Respondent did not provide ***any expert medical opinion*** that would support its ***lack of causation*** defense. Without such evidence, Respondent's reliance upon the IP's testimony and the Biomechanical Science Report is not enough to shift the burden to Applicant. There is nothing in this record that suggests that Dr. Merril is a medical doctor or otherwise qualified to review medical records and provide a medical opinion as to whether the IP's injuries were sustained as a result of the accident. *See In the Matter of the Arbitration between Healthy Elite Inc. and American Transit Ins. Co., 17-23-1289-8630.*

Reference is further made to Bronx Radiology, P.C. v. New York Central Mutual Fire Ins. Co., 847 N.Y.S.2d 313, 2007 NY Slip Op 27427. In that case, the Court provided in part that:

As a general rule, expert opinion evidence based upon accident reconstruction studies is admissible in common-law negligence actions on issues related to causation. For example, in Valentine v Grossman (283 AD2d 571 [2001]), a negligence action, the testimony of a biomechanical engineer was found probative on the issue of whether an automobile accident was severe enough to have caused the injuries sustained by the plaintiff. The engineer's opinion therein identified a specific injury, i.e., a herniated disc, and a correlation between the

injury and the biomechanics of the accident. ***Here, by contrast, defendant's low-impact study was conducted without a medical file review or an independent assessment of the assignor's claimed injuries, if [*2]indeed they were known when the report was prepared****. The only aspect of the report remotely bearing on any causation issue was the conclusory statement that the accident{**17 Misc 3d at 99} "posed virtually no risk of injury to voluntary test subjects." The issue, therefore, is whether such a study is sufficient to deny summary judgment in a first-party no-fault action where plaintiff has made out a prima facie showing of entitlement to judgment.*

In the typical negligence action, plaintiff's burden of establishing causation is met by a showing that the accident was a proximate cause of the claimed injuries (see Derdiarian v Felix Contr. Corp., 51 NY2d 308 [1980]). However, in an action to recover first-party no-fault benefits, a plaintiff bears no such burden and establishes his or her prima facie case by proof that the claim form was mailed and received, and that the insurer failed to pay within the 30-day statutory period (see Mary Immaculate Hosp. v Allstate Ins. Co., 5 AD3d 742 [2004]). In essence, causation is presumed since "it would not be reasonable to insist that a [medical provider] must prove as a threshold matter that its patient's condition was 'caused' by the automobile accident" (Mount Sinai Hosp. v Triboro Coach, 263 AD2d 11, 20 [1999]). Thus, the burden is on the defendant insurer to come forward with proof establishing by "fact or founded belief" its defense that the claimed injuries have no nexus to the accident (see Central Gen. Hosp. v Chubb Group of Ins. Cos., 90 NY2d 195, 199 [1997]).

While generally speaking, accident reconstruction evidence may often prove useful in explaining how an accident occurred, its probative value on issues related to causation is limited unless amplified by a meaningful medical assessment of the claimed injuries*. **This is certainly true in the first-party no-fault scenario, where an insurer disclaiming coverage has the burden of establishing that "the medical condition for which the assignor was treated was not related to the accident at all" (Mount Sinai v Triboro Coach, 263 AD2d at 18-19 [internal quotation marks omitted]). Whether a causative nexus exists between an accident and injury "cannot be resolved without recourse to the medical facts" (id. at 19).***

Here, defendant offered no medical evidence whatsoever to demonstrate a lack of causation*. It failed to perform a medical examination of plaintiff's assignor or conduct a peer review of his medical treatment in the aftermath of the accident. Absent from defendant's denial forms was any allegation that the MRIs were not medically necessary or that plaintiff's assignor was not injured as described in the MRI reports. Nor did defendant rely on any evidence of an event or ongoing chronic condition in the{**17 Misc 3d at 100} assignor's past medical history to explain his injuries. Significantly, the low-impact study specifically contains a*

disclaimer that the engineering consulting firm which produced the report "did not perform a medical file review or an assessment of injuries alleged by [the assignor]."

(Emphasis added).

Reference is further made to prior arbitration awards 17-23-1289-8630 (Arbitrator Kent Benzinger), 17-22-1267-8928 (Arbitrator Marcie Glasser) and 17-23-1298-2809 (Arbitrator Perry Criscitelli).

Reference is also made to the peer review from Dr. Reuben D. Burshtein, DO, submitted by Respondent. Dr. Burshtein's report, discussed at length below, *fails to suggest any issue as to causation.*

Further, Dr. Burshtein's "History" section of the peer *references a prior "back problem"* the IP encountered as a result of a prior accident of June 5, 2021. Dr. Burstein also documents the IP's prior history of lumbar discectomy, lumbar epidural from 2021 and tumor removal surgery from 2005.

Moreover, at page 7 of the peer, Dr. Burshtein provides in part that "However, in this case, the claimant was involved in a motor vehicle accident with soft tissue injury…" ***Nowhere in his report does Dr. Burshtein substantively argue or claim that the IP's injuries were not causally related by the underlying MVA.***

Ultimately, I found that the inferences drawn by Respondent from the IP's EUO testimony and Dr. Merril's report, without a supporting qualified, medical opinion were not sufficient in terms of establishing by a preponderance of the evidence a lack of causation defense.

Finally, ***and perhaps most relevant in this case***, Respondent's defense must fail because no evidence was proffered that would demonstrate that any possible pre-existing condition could not have been exacerbated by the subject MVA. *This is especially relevant considering Dr. Burshtein's "History" which included reference to the IP's prior back injury, lumbar discectomy, and lumbar epidural relating to 2021.*

The Appellate Courts have routinely held that when alleging a lack of a causally related injury, the carrier must not only demonstrate a lack of causation, ***but must also show that the subject accident did not exacerbate or otherwise aggravate a pre-existing condition or injury***. See Kingsbrook v. Allstate, 61 AD3d 13 (2nd Dept. 2009). See also Wolf v. Holyoke Mut. Ins. Co., 3 AD3d 660. (Emphasis added).

Again, in the present case, Respondent offers no expert medical analysis or opinion establishing or even discussing a lack of exacerbation.

Finally, I note that my opinion may have differed had Respondent's defense been supported by an expert *medical opinion.* For instance, Dr. Burshtein's peer *could have*

substantively discussed a basis for the fact or founded belief as to why, in this case, the IP's condition could not have resulted from the MVA or otherwise been exacerbated by the loss. However, Dr. Burshtein did not present any such argument. Thus, based on the actual record, I ultimately find that Respondent failed to establish its lack of causation/coverage defense.

Medical Necessity

Respondent further argues that even if the lack of coverage/causation defense is not sustained, reimbursement must be denied because the ultrasound treatments themselves were not medically necessary.

In this regard, Respondent relies upon Dr. Burshtein's peer.

When raising a defense based upon a claimed lack of medical necessity, the insurer must, at a minimum, establish a detailed factual basis and a sufficient medical rationale in support of its position. Conclusions set forth in peer reviews may be insufficient if the peer review fails to provide specifics of the claim, is conclusory or otherwise lacks a basis in the facts of the claim.

When a Respondent carrier establishes a defense based on a lack of medical necessity the burden shifts back to the provider who then must come forward with its own evidence of medical necessity.

After reviewing applicable records and providing a history of the IP's condition and treatment, Dr. Burshtein determined that none of the ultrasound was medically necessary.

Dr. Burshtein maintained in part that :

> *The standard of care for these types of injuries would be evaluation by a physician, ordering of plain radiographs (only if there is suspicion of fracture or a severe mechanism of injury), prescribing of medications such as anti-inflammatory medications, rest and / or conservative physiotherapy for a period of 6-8 weeks. If after this conservative treatment, there is deterioration in the condition or progressive, worsening neurological deficits, MRI may be indicated at that point in time. At that point, interventional pain management or surgery may be indicated depending upon the results of the diagnostic testing or the progression of the condition. The standard of care was not followed; the claimant had no injury or necessity objectively for the order for this testing at this time following the accident as described.*

Dr. Burshtein continued by substantive discussing each body part to which ultrasound was performed. In regard to the lumbar spine, he provided that:

> *With regard to the ultrasound of the lumbar spine, it is also unclear as to why this would be medically necessary especially since the claimant had obtained*

MRI studies of the lumbosacral spine, prior to this study, revealing multilevel disc pathology. It is unclear as to how this testing would be of any benefit. Furthermore, the standard of care following a sprain/strain of the lumbar spine and cervical spine typically includes plain radiographs and/or CT scan. Injuries to the cervical and thoracolumbar spine are commonly encountered in trauma patients presenting for treatment. Cervical spine injuries occur in 3% to 4% and thoracolumbar fractures in 4% to 7% of blunt trauma patients presenting to the emergency department. Clear, validated criteria exist for screening the cervical spine in blunt trauma. Screening criteria for cervical vascular injury and thoracolumbar spine injury have less validation and widespread acceptance compared with cervical spine screening. No validated criteria exist for screening of neurologic injuries in the setting of spine trauma. CT is preferred to radiographs for initial assessment of spine trauma. CT angiography and MR angiography are both acceptable in assessment for cervical vascular injury. MRI is preferred to CT myelography for assessing neurologic injury in the setting of spine trauma. MRI is usually appropriate when there is concern for ligament injury or in screening obtunded patients for cervical spine instability. (ACR Appropriateness Criteria Suspected Spine Trauma, Journal of the American College of Radiology Volume 16, Number 5S, May 2019) (https://www.jacr.org/action/showPdf?pii=S1546-1440%2819%2930142-5). Therefore, it is for these reasons that I find this testing of the lumbar spine was not medically necessary.

Dr. Burshtein further provided in part that:

Regarding the right elbow ultrasound, I do not find that this was medically necessary. When deemed necessary….in this case, there was no diagnostic impression of any ligamentous issue related to the left or right elbow and no necessity for this ultrasound imaging has been established.

In regard to the right and left shoulder Ultrasound imaging, I do not find that this was medically necessary as plain radiographs should have been ordered prior to any additional testing. In fact, according to these guidelines, "Radiographs are the preferred initial study performed in the setting of traumatic shoulder pain. They can delineate shoulder malalignment and most shoulder fractures [4,5]. A standard set of shoulder radiographs for trauma should include at least three views: anterior-posterior (AP) views in internal and external rotation and an axillary or scapula-Y view. Axillary or scapula-Y views are vital in evaluating traumatic shoulder injuries as acromioclavicular and glenohumeral dislocations can be misclassified on AP views [6,7]. Radiographs provide good delineation of bony anatomy to assess for fracture and appropriate shoulder alignment, which are the two primary concerns in management of acute traumatic shoulder pain." These guidelines also indicate that: "Radiographs should also be performed upright since malalignment of the shoulder can be under-represented on supine radiographs [4]. Additional views, such as the Bernageau view, have been shown to be effective in demonstrating the degree of bone loss of the glenoid or humeral head [8]." (American College of Radiology

ACR Appropriateness Criteria, Shoulder Pain-Traumatic, Updated 2017 https://acsearch.acr.org/docs/69433/Narrative). These guidelines also indicate that ultrasound of the shoulder is "Usually Not appropriate" for initial imaging. Therefore, it is for these reasons that I find this testing to be medically unnecessary.

Reference is made to the entirety of Dr. Burshtein's peer, which I found sufficient in terms of establishing, at least *prima facie,* Respondent's lack of medical necessity defense. Dr. Burshtein's ultimate conclusion was supported by a "sufficiently detailed factual basis and medical rationale". Carle Place Chiropractic v. New York Central Mut. Fire Ins Co., 19 Misc.3d 1139(A), 866 N.Y.S.2d 90 (Table); Ying Eastern Acupuncture, P.C. v. Global Liberty Insurance, 20 Misc.3d 144(A), 873 N.Y.S.2d 238 (Table). Further, the doctor's report provided specifics of the claim, referenced pertinent authority and did not appear conclusory.

Having established prima facie that the treatment was not medically necessary, the burden shifted to the Applicant to rebut the peer doctor's conclusions and to establish by a preponderance of the evidence the medical necessity for the disputed treatment. West Tremont Med. Diagnostic, PC v. Geico Ins. Co., 13 Misc.3d 131(A) (N.Y. App. Term 2006).

In support of its claim, Applicant submitted a formal rebuttal from Dr. Drora Hirsh, MD, dated August 8, 2024. *It does not appear that Dr. Hirsh ever treated the IP. Her rebuttal is therefore akin to a peer review and will be held to the same legal and evidentiary standard.*

Applicant also relied upon the submitted records and the arguments of counsel.

In her rebuttal, Dr. Hirsh provided a history of the IP's condition and treatment. She also discussed the peer and explained why he disagreed Dr. Burshtein's conclusions. Dr. Hirsh also stated why, in her opinion, the disputed services were medically necessary.

First, I note that Dr. Hirsh did not list the entirety of the medical records she reviewed prior to formulating her medical opinion and drafting her rebuttal. Second, it appears that the entirety of her opinion is based upon Dr. Parnes' findings upon examination on December 21, 2022.

Third, Dr. Hirsh states that "the patient was subsequently recommended diagnostic ultrasound imaging to form an effective treatment plan and to confirm initial diagnosis". I found the claim to be conclusory. Dr. Hirsh does not intimate as to how she was made aware of the exact purposes for the ultrasound. Nor does she reference any specific medical report which would outline or explain the specific reason why, in this case, this IP required ultrasound testing to the lumbar spine, bilateral shoulder, bilateral knees and right elbow in addition to the prior MRIs and the other diagnostic testing already performed on December 21, 2022.

Finally, I found the rebuttal to rely mostly upon generic implications or applications for ultrasound studies. However, the rebuttal lacked a persuasive, substantive discussion as to why this particular IP required this testing given the IP's condition, injuries and diagnosis.

Clearly, this matter involved conflicting expert opinions as to the need for the disputed services. Upon carefully reviewing the pertinent evidence submitted by both sides, and in contemplation of the arguments presented by the parties during the hearing, I found Respondent established, prima facie, its lack of medical necessity defense. Thus, the burden shifted to Applicant rebut Respondent's showing, and to establish by a preponderance of the evidence the medical need for the ultrasound at issue herein.

Based on the evidence presented in this case, in my opinion, Applicant failed to satisfy its burden. In part, I did not find Dr. Hirsh's rebuttal persuasive in terms of either refuting the peer or demonstrating by a preponderance of the evidence the medical necessity for disputed treatments.

Therefore, based on the foregoing, I find in favor of Respondent and deny Applicant's claim in its entirety.

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

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 FL
SS :
County of Hillsborough

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

10/25/2024
(Dated)

Matthew Brew

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:
f718368dfa565e9cc97f3115f91e7384

Electronically Signed

Your name: Matthew Brew
Signed on: 10/25/2024