

American Arbitration Association
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

In Trails Med Inc.
(Applicant)

- and -

Allstate Insurance Company
(Respondent)

AAA Case No. 17-24-1347-4718

Applicant's File No. 3129071

Insurer's Claim File No. 0569230989

NAIC No. 19232

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 11/25/2024
Declared closed by the arbitrator on 11/25/2024

Ryan Berry, Esq. from Israel Purdy, LLP participated virtually for the Applicant

Shanna Nelson, Esq. from Law Offices of John Trop participated virtually for the Respondent

2. The amount claimed in the Arbitration Request, **\$620.62**, 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 43 year old EIP reported involvement in a motor vehicle accident on November 19, 2019; reported injury and allegedly received VenaFlow system with cuff provided by the applicant on October 25, 2023.

The applicant submitted a bill for this durable medical equipment to the respondent. However, according to the submission a bill for this EIP was addressed to Corporate Claims Services which does not appear to have any relationship to this respondent.

The issue to be determined at the hearing is whether the applicant sustained its burden to establish a *prima facie* case of entitlement to no-fault benefits for this claim from this respondent.

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.

Applicant's *Prima Facie* Case

The respondent contends that the bill it received for date of service October 25, 2023 for the EIP named in this claim indicated that it was not addressed to Allstate and did not contain an Allstate claim number.

The Explanation of Medical Bill Payment which accompanied the denial states in pertinent part:

This claim is in association with [a different EIP]. For date of

accident 11.19.19/ the claim is no longer active and there is no

one named [the named EIP] on this claim. Please contact the

patient for bill processing.

All the other documents in the respondent's submissions relate to a different EIP who was involved in a motor vehicle accident on November 19, 2019. The submissions included a police accident report for an EIP who resides in Manhattan and was the operator of a vehicle with no passengers.

The NF-3 submitted by the applicant relates to a different EIP who resides in Amityville, N.Y. and claims to have been involved in a motor vehicle accident on November 19, 2019.

It is well settled that an applicant establishes its *prima facie* showing of entitlement to No-Fault benefits by submitting evidentiary proof that the prescribed statutory billing forms had been mailed, received by the respondent 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 (2d Dept. 2004.)

I find that applicant did not establish its *prima facie* case of entitlement for no fault compensation for its claim in the amount of \$620.62 from this respondent for services rendered on to the named EIP on October 25, 2023.

Since the applicant did not establish its *prima facie* case for this bill, the burden does not shift to the respondent.

Therefore, the claim for services rendered to the named EIP is dismissed with prejudice.

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

11/26/2024
(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:
3685a3217db6b1f2cd20dabe485f7121

Electronically Signed

Your name: Anne Malone
Signed on: 11/26/2024