

American Arbitration Association
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

Lenox Hill Hospital (NSUH)
(Applicant)

- and -

Allstate Insurance Company
(Respondent)

AAA Case No. 17-24-1378-3811

Applicant's File No. NF24-102811

Insurer's Claim File No. 0686388265

NAIC No. 29688

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 06/02/2025
Declared closed by the arbitrator on 06/02/2025

Alexander Mun, Esq. from Horn Wright, LLP participated virtually for the Applicant

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

2. The amount claimed in the Arbitration Request, **\$1,944.00**, 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 30 year old EIP reported involvement in a motor vehicle accident on September 24, 2022; claimed related injury and underwent ambulance services provided by the applicant on September 24, 2022.

The applicant submitted a claim for these medical services, payment of which was delayed pending verification requests for documents and information.

The verification requested was for an NF-2 or NYS Form NF-5 submitted by a provider of health services with respect to this claim.

The issue to be determined at this hearing is whether the respondent established that the claim is premature.

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.

If an insurer requires any additional information to evaluate the proof of claim, such request for verification must be made within 15 business days of the receipt of the bill in order to toll the 30 day period to pay or deny the claim. See 11 NYCRR 65-3.5(b); See also New York Hosp. Med. Ctr. of Queens v. Allstate Ins. Co., 2014 NY Slip Op 00640 (2d Dept. 2014.)

Where there is a timely original request for verification, but no response to the original request for verification is received within 30 days, or the response to the verification request is incomplete, then the insurer, within 10 calendar days after the expiration of that 30 day period, must follow up with a second request for verification. Id.

If there is no response to the second or follow up request for verification, the time in which the insurer must decide whether to pay or deny the claim is indefinitely tolled. Id.

Therefore, when a no-fault medical service provider fails to respond to the requests for verification the claim is premature and should be denied without prejudice.

In the instant matter, it appears from the submissions that there was some discussion regarding coverage by the respondent for this claim. According to the Claim Detail Report submitted by the applicant, on December 5, 2023 an email was sent by the applicant to the respondent regarding the status of this claim.

There appears to have been a response from the respondent which stated that it was unable to locate this claim.

On January 21, 2023 and February 20, 2023 the respondent sent correspondence to the applicant and the EIP requesting an NF-2 or NYS Form NF 5. The applicant's submissions contain a UB-04 dated July 23, 2024, which is almost two years after the date of this loss.

There is no sufficient proof of mailing of the UB-04, an NF 2 or an NF 5 to the respondent.

The respondent did not acknowledge receipt of the UB-04 and the only evidence of its existence is in the applicant's arbitration submissions, which were filed on December 16, 2024, more than six months after the UB-04 is dated and more than two years after the date of loss.

Based on the foregoing, the applicant has not established timely submission of this claim.

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.

06/29/2025
(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:
91dcce332328e2a529e589fbfb6a6117

Electronically Signed

Your name: Anne Malone
Signed on: 06/29/2025