

American Arbitration Association
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

Orthocare Solutions Inc
(Applicant)

- and -

American Transit Insurance Company
(Respondent)

AAA Case No. 17-24-1363-5343

Applicant's File No. LIP-39566

Insurer's Claim File No. 1149284-01

NAIC No. Self-Insured

ARBITRATION AWARD

I, Cathryn Ann Cohen, 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: Assignor

1. Hearing(s) held on 08/11/2025
Declared closed by the arbitrator on 08/11/2025

Lee-Ann Trupia, Esq. from Law Offices of Ilya E Parnas P.C. participated virtually for the Applicant

Adam Waknine, Esq. from American Transit Insurance Company participated virtually for the Respondent

2. The amount claimed in the Arbitration Request, **\$1,782.85**, 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

Applicant seeks \$1,782.85 reimbursement of charges for DME including a lumbosacral orthosis ("LSO") (bill amount \$844.13) provided on July 19, 2024; a knee orthosis (bill amount \$607.55) provided on July 25, 2024; and an ankle orthosis (bill amount \$331.17) provided on July 30, 2024 to Assignor a 37-year-old male pedestrian involved in a motor vehicle accident on April 30, 2024.

Respondent denied the claim for failure to receive notice of claim within 30 days from the accident without providing reasonable justification for of the failure to give timely notice of the accident.

4. Findings, Conclusions, and Basis Therefor

Applicant seeks \$1,782.85 reimbursement of charges for DME including a lumbosacral orthosis ("LSO") (bill amount \$844.13) provided on July 19, 2024; a knee orthosis (bill amount \$607.55) provided on July 25, 2024; and an ankle orthosis (bill amount \$331.17) provided on July 30, 2024 to Assignor a 37-year-old male pedestrian involved in a motor vehicle accident on April 30, 2024.

By global denial dated June 8, 2024, issued to Assignor, Respondent denied reimbursement stating:

Entire claim is being denied on the basis that proper notice of claim in writing was not received, by this carrier, within 30 days from the date of the accident. Late notice will be excused where the Applicant can provide clear and reasonable justification of the failure to give timely notice. Forward all documentation that may be helpful in reevaluation of your claim.

Subsequently, by specific denials dated August 1, 2024, indicating the bill in the amount of \$844.13 was received July 29, 2024, and dated August 1, 2024, indicating the bill in the amount of \$607.55 was received July 29, 2024, and dated August 14, 2024, indicating the bill in the amount of \$331.17 as received August 5, 2024, Respondent timely denied reimbursement based on the same language stated above for failure to submit written notice of the accident within 30 days after the date of accident without reasonable justification for failure to comply with such time limitation.

I have reviewed the documents contained in the ADR Center record of the case maintained by the AAA as of the date of the hearing.

There is no evidence that written notice of the accident was submitted to Respondent within 30 days of the accident.

Moreover, there is no evidence that written proof providing reasonable justification for the failure to submit timely notice of the accident was submitted to Respondent. As such, Respondent's denial for lack of coverage based on the failure to provide Respondent with written notice of the accident within 30 days after the date of the accident without providing reasonable justification for such late notice of accident is supported by substantial evidence. The denial based on the 30-day rule is sustained.

Accordingly, Applicant's request for reimbursement is denied for lack of coverage.

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 NY
SS :
County of New York

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

08/15/2025
(Dated)

Cathryn Ann Cohen

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:
8771ef8c8f966716e9abe88c12d60ac2

Electronically Signed

Your name: Cathryn Ann Cohen
Signed on: 08/15/2025