

American Arbitration Association
New York No-Fault Arbitration Tribunal

In the Matter of the Arbitration between:

Glenmore Medical PC
(Applicant)

- and -

National General Insurance Company f/k/a
GMAC
(Respondent)

AAA Case No.	17-25-1412-0354
Applicant's File No.	202811
Insurer's Claim File No.	20078638800
NAIC No.	23728

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 06/26/2026
Declared closed by the arbitrator on 06/26/2026

Edilaine D'Arce, Esq. from Law Offices of Eitan Dagan P.C. participated virtually for the Applicant

Juliya Khodik, Esq. from Law Offices Of Richard Schoenberg participated virtually for the Respondent

2. The amount claimed in the Arbitration Request, **\$275.00**, 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 32 year old EIP reported involvement in a motor vehicle accident on April 14, 2025; claimed related injury and underwent an office visit provided by the applicant on May 21, 2025.

The applicant submitted a claim for these medical services, payment for which was denied by respondent based on its finding that benefits are not payable as the EIP failed to comply with the policy terms by failing to appear for two scheduled examinations under oath (EUOs.)

The issues to be determined at the hearing are:

Whether the respondent established that the EIP violated a condition precedent to coverage.

Whether the respondent's denial based on the EIP's failure to appear for an EUO be sustained.

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.

It is the respondent's burden to prove that the bills in question were properly denied. Under 11 NYCRR 65-1.1, which prescribes the No-Fault Mandatory Personal Injury Protection Endorsement which must be included in all owners policies of motor vehicle liability insurance issued in New York, the "Conditions" section of the endorsement contains a "Proof of Claim" provision which states in pertinent part that "Upon request by the Company, the eligible injured person or that person's assignee or representative shall:(b) as may reasonably be required submit to examinations under oath by any person named by the Company and subscribe the same..."

If the respondent requires an EUO of the EIP it has 15 business days after receipt of proof of claim in which to send correspondence requesting the examination under oath. If the party fails to attend, within 10 calendar days of the no-show the insurer must contact the party from whom the EUO is requested to give the party a second opportunity to attend.

If the party fails to appear at the rescheduled EUO, an insurer may issue a denial of pending claims based upon the failure to meet the condition for coverage in not submitting to the requested EUO, as required under the prescribed endorsement. There is no requirement in the regulation that the denial must state the specific reason(s) why the insurer required the EUO.

The respondent alleges to have attempted to schedule the EUO of the EIP, who failed to appear.

The scheduling letters were proper as to form and there is no evidence submitted to establish that the letters were improper in any way, or that they were sent to an improper address. Based upon the policy violation, a timely denial was issued.

Under the regulations claims practice provisions, Section 65-3.5(d) states in pertinent part that: "[a]ll examinations under oath and medical examinations requested by the insurer shall be held at a place and time reasonably convenient to the applicant and medical examinations shall be conducted in a facility properly equipped for the performance of the medical examination. The insurer shall inform the applicant at the time the examination is scheduled that the applicant will be reimbursed for any loss of earnings and reasonable transportation expenses incurred in complying with the request."

The respondent submitted an affidavit by someone with personal knowledge of the business practices and the file for this claim, to establish that the scheduling letters were properly mailed. Also submitted were EUO transcripts to establish that the EIP failed to attend EUOs on August 8, 2025 and September 3, 2025.

The respondent also submitted copies of letters which were sent to the EIP dated July 14, 2025 and August 11, 2025 for EUOs scheduled on August 8, 2025 and September 3, 2025, respectively.

The policy breach in this case was instituted by the EIP. It was his failure to appear at the two scheduled EUOs that caused the denial of this claim. The EIP's failure to appear for the examinations breached a condition precedent to coverage. See Unitrin Advantage Ins. Co. v. Bayshore Physical Therapy, PLLC, 82 A.D.3d 559, 560 (N.Y. App. Div. 1st Dept. 2011), which held that when an EIP "failed to appear for the requested EUOs, [the insurer] had the right to deny all claims retroactively to the date of loss, regardless of whether the denials were timely issued...A denial premised on breach of a condition precedent to coverage voids the policy ab initio and, in such case, the insurer cannot be precluded from asserting a defense premised on no coverage."

The applicant presented no evidence that the EIP did not receive the letters scheduling the examinations under oath or to refute the proof that he did not attend the examinations under oath on August 8, 2025 and September 3, 2025.

Based upon the proof presented, I find that the respondent established that the EIP violated a condition precedent to coverage and that its denial can be sustained.

Under these circumstances, the fee schedule issue is moot.

Accordingly, the claim is dismissed with prejudice.

Any further issues raised 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.

07/25/2026
(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:
1c78ce0da2f5c53fa6e15b747bb22c54

Electronically Signed

Your name: Anne Malone
Signed on: 07/25/2026