AAA® New York Insurance Case Management Center
FAQs for Applicants and Respondents

Applicant FAQ

What is AAA’s New York Insurance ADR Center?

The AAA New York Insurance ADR Center is a secure, cloud-based online platform that allows users to negotiate settlement, run reports, check account balances, and perform a variety of other functions online and in real time. ADR Center also is accessible through mobile devices.

What is the core concept of ADR Center?

ADR Center is designed with logic based on a task and action system. Specific actions that a user performs will trigger a task for another user to complete. Managing a case in ADR Center provides an opportunity for users to communicate efficiently with one another to bring disputes to a speedy resolution.

Who can access AAA New York Insurance ADR Center?

Any party to a case can obtain access to ADR Center. A party to the case may include the injured person, medical provider, attorney, insurance carrier or third-party administrator. The arbitrator who is assigned the case will also have access to ADR Center.

How can I gain access to ADR Center?

Please contact our Customer Support department via email at NYSinsurance@adr.org or by phone at 917.438.1660.

How do I log in?

You must be registered in order to log in. To log in and access your account, simply click the Login tab at the very top of the home page. You will be directed to enter your email and password.

Can multiple users have access to ADR Center under the same account?

Multiple users can have access to an account in ADR Center. The account is managed by a designated account administrator for the company, who has specific administrative privileges, including adding and deleting authorized users.
How will I know when a new case filing has been accepted by the AAA?

Once a new filing is accepted and assigned to Conciliation, the Applicant and Respondent both will receive a case initiation letter. The case status will change as it progresses through ADR Center. A party can access the Timeline View to determine at what stage of the arbitration process the case is at.

Are there any additional fees to use ADR Center?

There is no additional cost to use ADR Center.

How can I pay my filing fees?

The AAA accepts checks, money orders, and credit cards as valid forms of payment. Filers can opt to open a cash account (see the next question) to pay their filing fees by submitting a check or credit card payment and can add additional funds to an existing cash account via check or credit card payment to the AAA.

What is a cash account in ADR Center?

A cash account is similar to a bank checking account. A party can open a cash account to pay filing and other AAA administrative fees. To establish a cash account, log into ADR Center and access the Payment Information tab in the My Account section of your user profile. You must submit a check or credit card payment to complete the process. If you need assistance in setting up a cash account, please contact Customer Support at 917.438.1660 or email NYSInsurance@adr.org.

How can I tell how much money I have left in my cash account?

Applicants can review their cash account balances in real time. Authorized users also can set up an account notification in the account management section of their profile that will send an alert when the cash account reaches a low balance. The low balance is determined by the applicant. For example, for a high filer, a low balance may be $1,000.00. For a smaller filer, a low balance may be $80.00.

What are Tasks and Actions in ADR Center?

A task is an activity on a case that is triggered—i.e., one activity automatically causes another to be due—within ADR Center for a specific user (for example, Applicant, Carrier, Arbitrator, or AAA) to complete. Tasks can be triggered by the system or by a user.

An action is an activity that must be initiated by a user. Actions are not triggered by the system or user. However, certain actions taken can trigger tasks for other users.

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Why are there multiple case numbers for the same filing?

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What is filtering?

Filtering is an added feature in ADR Center that allows the user to control the output of search results. You can utilize the filtering tab to narrow your search based on specific criteria, including Tasks and Actions. For more information, please see the Filter Tab, which can also be found on ADR Center’s help page.
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What is the role of the American Arbitration Association®?

The American Arbitration Association (AAA) administers the program for arbitration of No-Fault disputes in New York, on behalf of the New York State Department of Financial Services. The program serves consumers, health service providers, and insurance carriers in New York by providing a forum for the speedy resolution of disputes concerning claims for benefits under No-Fault automobile insurance. The AAA has administered No-Fault programs in New York for over 30 years. The AAA is a not-for-profit, public service organization committed to the resolution of disputes through arbitration, mediation, conciliation and other voluntary procedures. The AAA handles administration of all phases of the conciliation and arbitration process in New York.

When can I file a request for No-Fault arbitration?

If you are the injured party of an automobile accident or the medical service provider providing treatment to the injured party, you can request arbitration when a claim or a portion of a claim for New York No-Fault is denied by the insurer. A request for arbitration can also be made when an insurer’s response to a claim is overdue. The arbitration system is intended to be faster, less expensive and simpler than filing in court.

What are the forms with which to file a request for arbitration?

There are two forms you can use to request arbitration:

You can complete the second and third page of the Denial of Claim on Form NF-10 that you received from the Insurance Company. Or, you can complete Form AR, The Request for New York No-Fault Arbitration. This form can be mailed, emailed or faxed to you by calling 917.438.1660, or you can use the form provided on this Website, in the Forms section. You can fill out the form on your computer screen and then print it out to send to AAA.

Be sure to fill out the form completely and to include all your supporting documents. Your request must also include payment of a $40 filing fee.
What should I include with my arbitration request?

All information requested on the Form AR or the NF-10 is vital to the processing of the case. As a result, we will accept only those cases in which the Form AR or NF-10 is filled out completely.

All your evidence and written arguments, including any document supporting your contention, such as medical bills, police report, and affidavits must be submitted with your arbitration request. Medical service providers requesting arbitration must include an assignment of benefits signed by the patient. (Please see assignment of benefits section below.)

The arbitration request must be accompanied by a check or money order for $40 payable to the American Arbitration Association (AAA). Credit Card Payment Service is also available for use. The NYSI Credit Card Payment Service is available 24 hours a day, seven days a week. In addition to convenient 24/7 accessibility, the new payment service will provide better security in handling your sensitive information. This new payment process will allow customers to submit secure credit card payments at their convenience. AAA will no longer accept credit card authorization forms (fax, phone, or email) for credit card payments.

This filing fee will be reimbursed to the applicant directly by the insurer, if the applicant prevails in whole or in part.

How do I request Written Submission?

11NYCRR 65-4.5(a) provides for arbitration on the basis of written submissions. The request is at the discretion of the arbitrator and the claimed amount must be less than $2,000. The request must be submitted to the AAA in writing.

How do I file a request for arbitration?

You may file your request for arbitration either by mail or email.

A party filing a request for arbitration must also forward a copy of the filing to the insurance company, at the time of filing. Filing a case electronically by email requires that you first register with the AAA. Activation of a bulk filing payment account is also required for all electronic filing options.

Email filings must contain one attachment with all supporting documents included. It is important to remember when filing a case the filer also serve the carrier with a copy of the arbitration request, at the time of filing. To register, please contact our Customer Support department at 917.438.1660 or email NYSInsurance@adr.org

Who are the arbitrators?

The Superintendent of the New York State Department of Financial Services appoints all arbitrators, after nomination by an advisory committee and after a determination that the arbitrator candidates are well qualified and will serve in an
unbiased manner. The arbitrators are all attorneys who have experience in the field of insurance. They have each been reviewed, interviewed, and nominated by an advisory committee that includes representatives from the New York State Bar Association, the New York State Trial lawyers association, and the insurance industry. All the No-Fault arbitrators serve as independent contractors and are not employees of DFS or AAA.

**What is “Conciliation?”**

Pursuant to the system established by the New York State Department of Financial Services in its regulations, a request for arbitration goes through two phases. The first phase is a conciliation phase, in which each party submits all their evidence. After receiving notice from the AAA of a new request for arbitration and a copy of the papers from the applicant, the insurance company has thirty (30) days to present its own evidence and its basis for denial of the claim.

Once the documents have been received, there is a conciliation period of up to ninety (90) days, during which a conciliator reviews the evidence and discusses with the parties—by email, fax, letter or phone conversations—whether the case might be settled at this early stage. The conciliator is experienced in the handling of disputed insurance claims and can recommend to the parties what might be the likely results of the claim when it reaches arbitration. The conciliation process is not a numbers game of splitting the difference. Conciliation is addressed to the merits of the evidence and the claim.

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**What is the role of the Conciliator?**

The role of a conciliator is to bring parties together with the intention to resolve the No-Fault claim disputes. When two opposing sides (Applicant & Respondent) are unable to resolve No-Fault claim disputes AAA offers Conciliation as an alternative to the court system.

**Is there a deadline for requesting New York No-Fault arbitration?**

The usual deadline for requesting New York No-Fault arbitration is six years from the date of the denial of claim, but there can be exceptions. If the carrier is self-insured the deadline is three years from the date of the denial of claim. The arbitrator has the authority to determine disputes concerning time limitations for filing arbitration.

**How do I execute a valid assignment of benefits?**

A valid assignment of benefits transfers all rights, privileges and remedies from the injured person who is entitled to New York No-Fault benefits, to the medical service provider.
The assignment of benefits form must be signed by the injured party (or a parent or guardian if the injured party is a minor). Photocopied signatures are acceptable at the initiation of the arbitration process; however, the original assignment of benefits should be available to the applicant for presentation to the carrier if requested.

The assignment of benefits form must also include the original signature or a copy of the original signature (stamped signatures are not acceptable) of the applicant health service provider.

Postponements and Adjournments

- 65-4.5 No-Fault Arbitration forum procedure
- (j) Postponements and adjournments. The arbitrator may for good cause postpone or adjourn the hearing upon request of a party or upon the arbitrator’s own initiative. Each party may cause one adjournment without the payment of an adjournment fee, if the adjournment request is received by the designated organization at least two business days prior to the scheduled arbitration. There shall be an adjournment fee of $50 payable to the designated organization by the party requesting any subsequent adjournment. An adjournment fee of one hundred dollars ($100) shall be payable to the designated organization by the party causing any adjournment within two (2) business days prior to the scheduled hearing. Such fees shall be used to defray the cost of administration of the arbitration forum.
- Any party requesting an adjournment must pay the appropriate adjournment fee. The AAA will not place a case back on the arbitration calendar until the Applicant has paid any outstanding adjournment fee. Insurance carriers with outstanding balances in excess of thirty days will be referred to the NYSDFS.

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How do I set my notification preferences in ADR Center?

Under Your Company Information in the My Account section of your user profile, select Notification Preferences. You will have the option to set your notification preference to email, fax, or print (regular mail).
What is special expedited arbitration?

If the insurer denied your claim on the grounds that the notice of the accident to the insurer was made late, beyond the required timeframe for such notice, you may qualify for special expedited arbitration on the issue of whether there is a reasonable explanation that will excuse the lateness.

In addition, if your dispute includes an issue as to which insurance company is responsible to review and pay No-Fault benefits, you may qualify for special expedited arbitration on the issue of which insurer is responsible.

A case qualifying for special expedited arbitration will be scheduled within 30 days from the day it is referred to arbitration.

Can an injured person who is filing a claim directly receive expedited handling?

Arbitration requests filed directly by the injured person—including claims for lost earnings—are given expedited, priority handling. The case of the injured person who files directly for arbitration does not involve an assignment of benefits. It is often called a “non-assignee case.”

The injured person’s “non-assignee case” goes through a conciliation period like other cases, with particular attention to whether it might be settled at that early phase. If it is not settled, the case is then referred for arbitration and promptly placed on an arbitrator’s calendar with sufficient advance notice of the hearing sent to the parties. It is sometimes necessary for the arbitrator to continue a case beyond its first hearing date to obtain all necessary information to reach a fair result.

What are “linking” and “batching” of cases?

Linking and batching are the fundamental principles for creating each arbitrator’s calendar of cases. This manner of scheduling is very often a convenience for the parties too. They can appear at one arbitrator’s office for several of their cases on the same day. Linking and batching are implemented through the AAA’s technological processes, drawing from the computerized database of information about pending cases.

Linking is an important fact-finding tool that brings together cases that have elements of proof in common, to be heard together. Linking brings together, when available at the time of scheduling cases, those cases that arise out of the same vehicle in the same accident, for hearings before the same arbitrator on the same day. For example, a neurologist’s claim and a physical therapist’s claim for treating the same injured person can be linked for hearing. Or, the bills for two different persons who were each injured in the same automobile in the same accident can be linked for hearing. These cases will often have elements of proof in common. Cases are scheduled as soon as they become available for hearings, immediately after the conciliation process. Therefore, cases arising out of the same vehicle and accident may be scheduled on different dates before different arbitrators when the cases are filed at different times. However, any awards in linked cases arising out of the same vehicle and accident are identified and available online to the arbitrator and the parties, to consolidate the common information and the prior findings.
Batching brings together cases involving the same applicant attorney and same insurance carrier, but different injured persons from different accidents, for hearings before the same arbitrator on the same day. Such cases may involve common elements of proof. Their scheduling for the same arbitrator is also a convenience for the parties.

**What happens once I attend the hearing and the Arbitrator declares the hearing closed?**

When the arbitrator declares the hearing closed, nothing more can be submitted for the case. The Arbitrator has 30 days from the closing date to render and send in the award.

**What is a technical correction?**

An arbitrator may make a technical correction to an award, upon the arbitrator’s own motion or upon the request of a party. Technical corrections include corrections of inconsistencies between the written text and form responses, incorrectly checked or unchecked boxes on award forms, arithmetic errors and typographical errors.

A party must request a technical correction within the time limit of thirty (30) days after receipt of the award and must send a copy of the request to the opposing party, which then has ten (10) days in which to file its position on the request. The arbitrator makes the determination and, if granting the request, may issue a technical correction of award.

The request for a technical correction does not toll the timeframe within which an appeal must be filed, nor within which interest accrues or any other regulatory timeframe.

**How do I file an appeal of a No-Fault Arbitrator’s award?**

1. If grounds exist, any party to arbitration may request that the arbitration award be vacated or modified by a master arbitrator.

2. The request for review by a master arbitrator shall be in writing and shall be mailed or delivered to the American Arbitration Association office at 32 Old Slip, 33rd Floor, New York, NY10005:
   (i) Within fifteen calendar days of the mailing of an award rendered in an AAA expedited arbitration, or
   (ii) Within 21 calendar days of the mailing of any other appealable award.

3. The request shall include a copy of the award in issue and shall state the nature of the dispute and the grounds for review.
   (i) A request by an applicant for benefits shall be accompanied by a filing fee of $75, payable by check or money order to the American Arbitration Association.
   (ii) Upon the filing of a demand for arbitration by an applicant, the AAA shall bill the respondent insurer the sum of two hundred fifty $250, which shall be payable by the insurer within thirty days after billing.
   (iii) A request by an insurer shall be accompanied by a filing fee of $325, payable by check or money order to the American Arbitration Association.
(4) The applicant for master arbitration shall send, by certified mail, a copy of the filing papers to the opposing party at the same time that it submits the request for review to the AAA.

What is Award Search?

A library of redacted No-Fault awards is available online for any party that is interested in reviewing prior awards issued by the arbitrator panel. The No-Fault awards in this online library are searchable by arbitrator, by topic, by phrases of text, by date range and in other ways. The Award Search enables attorneys to conduct their own research on such questions as how a particular arbitrator has ruled previously on an issue that the attorneys may argue in their own upcoming cases before that arbitrator. It also enables attorneys to research the latest rulings by other arbitrators on an issue. The Award Search feature can be found on our ADR Center platform aaa-nynf.modria.com.

What do I do if I have received a favorable decision but have not received payment from the carrier?

The NYS Department of Financial Services wants to make sure that applicants and their attorneys are aware of the actions that the Department takes when insurers and self-insurers, as a result of any settlement during the arbitration process, fail to make payment within 30 days of the date the agreement was mailed to the parties. Such a failure is a violation of NY Insurance Law, Section 5106. If a conciliation agreement, settlement letter or arbitration award is not paid in accordance with the above referenced timeframe, an applicant or applicant’s attorney may submit an enforcement request to the NYS Department of Financial Services Property Bureau.

Requests for enforcement should be directed to:

Hyman Silberstein
Senior Insurance Examiner
NYS Department of Financial Services
1 State Street
New York, NY 10004
Phone: 212.480.5652 or email: Hyman.Silberstein@DFS.NY.GOV

What does it mean for an Arbitrator to be “Paperless”?

The arbitrators no longer receive paper documents or correspondence from the AAA or their respective case managers. The arbitrator’s access and review parties’ documents online using our ADR Center platform.

Parties may continue to rely upon paper documents if they so choose, but we encourage parties to also operate in a paperless manner utilizing our technology platform, ADR Center.
Do I need a lawyer to request a New York No-Fault arbitration?

No. The arbitration program is designed to be an easy to use system where parties can resolve their disputes outside the complex environment of the court system.

However, parties who are not familiar with New York No-Fault rules and regulations may wish to retain an attorney. If you require assistance in hiring an attorney, please contact the New York State Bar Association by calling 800.342.3661 or click here to visit their website.

Can I request arbitration against more than one insurance company?

Yes. If the issue pertaining to your dispute involves multiple insurance companies, you may include more than one insurance company on your request. Note the availability of special expedited arbitration, referenced above, for such disputes.

Are the parties allowed to communicate with each other after a dispute has been filed for arbitration?

Yes. Once an arbitration request is accepted, it is referred to a conciliator who will act as the liaison for the parties in dispute. Communication is not limited to the conciliator. We encourage parties to engage in dialogue in the interest of settling the dispute before and during the arbitration process.

If a dispute is resolved between the parties, the terms of the settlement must be submitted to the assigned conciliator. Always reference the AAA case number when corresponding with the conciliator.

Credit Card Payments Changes

- The AAA launched a new online New York State Insurance Credit Card Payment Service. Payment Service will be available 24 hours a day, seven days a week. In addition to convenient 24/7 accessibility, the new Payment Service provides better security in handling your sensitive information. This new payment process will allow customers to submit secure credit card payments at their convenience.
- Parties may utilize the Quick Pay link below to submit all credit card payments. https://apps.adr.org/PCIPayment/faces/NYSIHome.jsf.
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What is First Time Form?

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The usual deadline for requesting New York No-Fault arbitration is six years from the date of the denial of claim, but there can be exceptions. If the carrier is self-insured, the deadline is three years from the date of the denial of claim. The arbitrator has the authority to determine disputes concerning time limitations for filing arbitration.

**Can I request arbitration against more than one insurance company?**

Yes. If the issue pertaining to your dispute involves multiple insurance companies, you may include more than one insurance company on your request. Note the availability of special expedited arbitration, above, for such disputes.

**Are the parties allowed to communicate with each other after a dispute has been filed for arbitration?**

Yes. Once an arbitration request is accepted, it is referred to a conciliator who will act as the liaison for the parties in dispute. Communication is not limited to the conciliator. We encourage parties to engage in dialogue in the interest of settling the dispute before and during the arbitration process.

The assigned conciliator is available to assist parties in resolving their disputes by phone, email and mail communication.
What are “linking” and “batching” of cases?

Linking and batching are the fundamental principles for creating each arbitrator’s calendar of cases. This manner of scheduling is very often a convenience for the parties too. They can appear at one arbitrator’s office for several of their cases on the same day. Linking and batching are implemented through the AAA’s technological processes, drawing from the computerized database of information about pending cases.

Linking is an important fact-finding tool that brings together cases that have elements of proof in common, to be heard together. Linking brings together, when available at the time of scheduling cases, those cases that arise out of the same vehicle in the same accident, for hearings before the same arbitrator on the same day. For example, a neurologist’s claim and a physical therapist’s claim for treating the same injured person can be linked for hearing. Or, the bills for two different persons who were each injured in the same automobile in the same accident can be linked for hearing. These cases will often have elements of proof in common. Cases are scheduled as soon as they become available for hearings, immediately after the conciliation process. Therefore, cases arising out of the same vehicle and accident may be scheduled on different dates before different arbitrators when the cases are filed at different times. However, any awards in linked cases arising out of the same vehicle and accident are identified and available online to the arbitrator and the parties, to consolidate the common information and the prior findings.

Batching brings together cases involving the same applicant attorney and same insurance carrier, but different injured persons from different accidents, for hearings before the same arbitrator on the same day. Such cases may involve common elements of proof. Their scheduling for the same arbitrator is also a convenience for the parties.

What happens once I attend the hearing and the Arbitrator declares the hearing closed?

When the arbitrator declares the hearing closed, nothing more can be submitted for the case. The Arbitrator has 30 days from the closing date to render and send in the award.

What is a technical correction?

An arbitrator may make a technical correction to an award, upon the arbitrator’s own motion or upon the request of a party. Technical corrections include corrections of inconsistencies between the written text and form responses, incorrectly checked or unchecked boxes on award forms, arithmetic errors and typographical errors.

A party must request a technical correction within the time limit of thirty (30) days after receipt of the award and must send a copy of the request to the opposing party, which then has ten (10) days in which to file its position on the request. The arbitrator makes the determination and, if granting the request, may issue a technical correction of award.

The request for a technical correction does not toll the timeframe within which an appeal must be filed, nor within which interest accrues or any other regulatory timeframe.
How do I file an appeal of a No-Fault Arbitrator’s award?

(1) If grounds exist, any party to arbitration may request that the arbitration award be vacated or modified by a master arbitrator.

(2) The request for review by a master arbitrator shall be in writing and shall be mailed or delivered to the American Arbitration Association office at 32 Old Slip, 33rd Floor, New York, NY 10005:
   (i) Within fifteen calendar days of the mailing of an award rendered in an AAA expedited arbitration, or
   (ii) Within 21 calendar days of the mailing of any other appealable award.

(3) The request shall include a copy of the award in issue and shall state the nature of the dispute and the grounds for review.
   (i) A request by an applicant for benefits shall be accompanied by a filing fee of $75, payable by check or money order to the American Arbitration Association.
   (ii) Upon the filing of a demand for arbitration by an applicant, the AAA shall bill the respondent insurer the sum of two hundred fifty $250, which shall be payable by the insurer within thirty days after billing.
   (iii) A request by an insurer shall be accompanied by a filing fee of $325, payable by check or money order to the American Arbitration Association.

(4) The applicant for master arbitration shall send, by certified mail, a copy of the filing papers to the opposing party at the same time that it submits the request for review to the AAA.

Postponements and Adjournments

- 65-4.5 No-Fault Arbitration forum procedure
- (j) Postponements and adjournments. The arbitrator may for good cause postpone or adjourn the hearing upon request of a party or upon the arbitrator’s own initiative. Each party may cause one adjournment without the payment of an adjournment fee, if the adjournment request is received by the designated organization at least two business days prior to the scheduled arbitration. There shall be an adjournment fee of $50 payable to the designated organization by the party requesting any subsequent adjournment. An adjournment fee of one hundred dollars ($100) shall be payable to the designated organization by the party causing any adjournment within two (2) business days prior to the scheduled hearing. Such fees shall be used to defray the cost of administration of the arbitration forum.
- Any party requesting an adjournment must pay the appropriate adjournment fee. The AAA will not place a case back on the arbitration calendar until the Applicant has paid any outstanding adjournment fee. Insurance carriers with outstanding balances in excess of thirty days will be referred to the NYSDFS.
How do I file for an Extension Request?

The respondent may, in writing, request that the designated organization provide an additional 30 calendar days to respond based upon reasonable circumstances that prevent it from complying.

How do I request Written Submission?

11NYCRR 65-4.5(a) provides for arbitration on the basis of written submissions. The request is at the discretion of the arbitrator and the claimed amount must be less than $2,000. The request must be submitted to the AAA in writing.

Credit Card Payments Changes

- The AAA launched a new online New York State Insurance Credit Card Payment Service. Payment Service will be available 24 hours a day, seven days a week. In addition to convenient 24/7 accessibility, the new Payment Service provides better security in handling your sensitive information. This new payment process will allow customers to submit secure credit card payments at their convenience.

- Parties may utilize the Quick Pay link below to submit all credit card payments. https://apps.adr.org/PCIPayment/faces/NYSIHome.jsf

- The AAA will no longer accept credit card authorization forms (fax, phone, or email) for credit card payments.

American Arbitration Association Location and Mailing Address

The AAA New York Insurance Case Management office location and mailing address is:

American Arbitration Association
New York Insurance Case Management Center
32 Old Slip, 33rd Floor
New York, NY 10005