



AMERICAN ARBITRATION ASSOCIATION®

FIRST TIME FORM



COMPLETING THE FIRST TIME FORM TASK

When a respondent is accessing a case record for the first time, ADR Center will require the user to complete the First Time Form. However, users now have the ability to view the electronic AR-1 Form prior to completing this task by simply clicking on “Click to view the AR1 form”.

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New York No-Fault Insurance
Home Award Search Help Test Logout

Dashboard

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Training Med

Case: 41-11
Phase: 1 - C
Status: 1.a. C

ADR Center Team 6

Phone: (646)
Email: ADR

Date of Accident: 12/17
Amount in Dispute: \$5,74
Dates of Service: 09/24
Insurer claim No. 9647
Applicant File No. 1230

Timeline View Documents

07/19/2018, Test Adjuster2 accepted as Correct Carrier
07/19/2018, AAA (System) created First Time Form to Carrier
07/19/2018, System User filed this case
07/19/2018, AAA (System) issued the Initiation Letter to the parties
07/18/2018, AAA (Levar Savage) reassigned this case to ADR Center Team 6

First Time Form

Applicant for benefit: Jason Smith	Policy Holder:
Injured Party: Blane Harris	Policy Number:
Carrier Named: Testing Insurance Company	Claim Number: 9647176675

The following form must be completed by the Carrier the first time one of its representatives accesses it. The purpose of this form is to make sure that any and all administrative data is in place for a smooth and efficient processing of the case.

Are you the correct Respondent for this case?

We are the correct carrier
 We are the correct Third Party Administrator (TPA)
 We are not the correct respondent

Comments :

Enter comments

[Click to view the AR1 form](#)

COMPLETING THE FIRST TIME FORM TASK

The electronic AR-1 Form will appear in a new browser tab, which will allow the user to view the contents of the electronic AR-1 Form.

New York Motor Vehicle No-Fault Insurance Law Arbitration Request Form

Details of the parties

Applicant Attorney Details

Full Legal Name	Test & Test Law Firm (CA)
Address	125 Main Street
City	New York
State	NY
Zip	11111
Email	donotemailtest&test@adr.org
Phone	123-654-4747
Fax	9632581477
Applicant File Number	None



COMPLETING THE FIRST TIME FORM TASK

After reviewing the AR-1, the user can return to the First Time Form task and select one of three highlighted options.

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Training Med

Case: 41-18
Phase: 1 - C
Status: 1.a. C

ADR Center Team 2

Phone: (646)
Email: ADR

Date of Accident: 2/23
Amount in Dispute: \$871
Dates of Service: 10/27
Insurer claim No. 9176
Applicant File No. None

Timeline View Document

First Time Form

Applicant for benefit: Jason Smith	Policy Holder:
Injured Party: Jordan Louis	Policy Number:
Carrier Named: Testing Insurance Company	Claim Number: 91768779787

The following form must be completed by the Carrier the first time one of its representatives accesses it. The purpose of this form is to make sure that any and all administrative data is in place for a smooth and efficient processing of the case.

Are you the correct Respondent for this case?

- We are the correct carrier
- We are the correct Third Party Administrator (TPA)
- We are not the correct respondent

Comments :

Enter comments

[Click to view the AR1 form](#)

COMPLETING THE FIRST TIME FORM TASK

If you believe you are not the correct respondent, select “We are not the correct respondent” and click SUBMIT.

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Training Med

Case: 41-18
Phase: 1 - C
Status: 1.a. C

ADR Center Team 2

Phone: (646)
Email: ADR

Date of Accident:

Amount in Dispute: \$871

Dates of Service: 10/27

Insurer claim No. 9176

Applicant File No. None

Timeline View Document

07/19/2018, AAA (System) created First Time Form to Carrier
07/19/2018, System User filed this case
07/19/2018, AAA (System) issued the Initiating Letter to the carrier

AAA Ca

any

Relate

Link

Match

Carrie

08/20

Tasks

First Time Form

Applicant for benefit: Jason Smith	Policy Holder:
Injured Party: Jordan Louis	Policy Number:
Carrier Named: Testing Insurance Company	Claim Number: 91768779787

The following form must be completed by the Carrier the first time one of its representatives accesses it. The purpose of this form is to make sure that any and all administrative data is in place for a smooth and efficient processing of the case.

Are you the correct Respondent for this case?

- We are the correct carrier
- We are the correct Third Party Administrator (TPA)
- We are not the correct respondent

Comments :

Enter comments

[Click to view the AR1 form](#)

Submit

COMPLETING THE FIRST TIME FORM TASK

Selecting either “We are the correct carrier” or “We are the correct Third Party Administrator (TPA)” will expand the pop-up window to reveal the section to confirm the underwriting company information.

The screenshot displays the AAA New York No-Fault Insurance portal. A 'First Time Form' pop-up window is centered on the screen. The form contains the following information:

- Applicant for benefit: Jason Smith
- Injured Party: Jordan Louis
- Carrier Named: Testing Insurance Company
- Policy Holder:
- Policy Number:
- Claim Number: 91768779787

Below the form fields, there is a text block: "The following form must be completed by the Carrier the first time one of its representatives accesses it. The purpose of this form is to make sure that any and all administrative data is in place for a smooth and efficient processing of the case."

The form asks: "Are you the correct Respondent for this case?" with three radio button options:

- We are the correct carrier
- We are the correct Third Party Administrator (TPA)
- We are not the correct respondent

A red box highlights the section: "Please select the underwriting company for this claim". This section includes:

- Self Insured Carrier
- Underwriting company:
- I confirm that this is the underwriting company for this case

At the bottom of the form, there is a "Comments:" section with a text area and a "Submit" button. A link "Click to view the AR1 form" is also present.

COMPLETING THE FIRST TIME FORM TASK

If the company/carrier is SELF-INSURED, simply check the “Self Insured Carrier” box and click SUBMIT.

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Training Med

Case: 41-18
Phase: 1 - C
Status: 1.a. C

ADR Center Team 2

Phone: (646)
Email: ADR

Date of Accident: 02/23
Amount in Dispute: \$871
Dates of Service:
Insurer claim No. 9176
Applicant File No. None

Timeline View Documents

07/19/2018, AAA (S)
07/19/2018, System
07/19/2018, AAA (S)
07/18/2018, AAA (L)
03/23/2018, AAA (Rohanie Sukhdeo) uploaded a Supplemental Document

First Time Form

Applicant for benefit: Jason Smith	Policy Holder:
Injured Party: Jordan Louis	Policy Number:
Carrier Named: Testing Insurance Company	Claim Number: 91768779787

The following form must be completed by the Carrier the first time one of its representatives accesses it. The purpose of this form is to make sure that any and all administrative data is in place for a smooth and efficient processing of the case.

Are you the correct Respondent for this case?

- We are the correct carrier
- We are the correct Third Party Administrator (TPA)
- We are not the correct respondent

Please select the underwriting company for this claim

Self Insured Carrier

Underwriting company:

I confirm that this is the underwriting company for this case

Comments :
Enter comments

[Click to view the AR1 form](#)

COMPLETING THE FIRST TIME FORM TASK

To confirm the correct underwriting company, the user can begin typing the name of the company in the Underwriting company section and ADR Center will propose possible matches to select.

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Training Med

Case: 41-18
Phase: 1 - C
Status: 1.a. C

ADR Center Team 2

Phone: (646)
Email: ADR

Date of Accident: 02/23
Amount in Dispute: \$871
Dates of Service: 10/27
Insurer claim No. 9176
Applicant File No.

Timeline View Documents

07/19/2018, AAA (S)
07/19/2018, System
07/19/2018, AAA (S)
07/18/2018, AAA (L)
03/23/2018, AAA (Rohanie Sukhdeo) uploaded a Supplemental Document

First Time Form

Applicant for benefit: Jason Smith
Injured Party: Jordan Louis
Carrier Named: Testing Insurance Company
Policy Holder:
Policy Number:
Claim Number: 91768779787

The following form must be completed by the Carrier the first time one of its representatives accesses it. The purpose of this form is to make sure that any and all administrative data is in place for a smooth and efficient processing of the case.

Are you the correct Respondent for this case?

We are the correct carrier
 We are the correct Third Party Administrator (TPA)
 We are not the correct respondent

Please select the underwriting company for this claim

Self Insured Carrier

Underwriting company:

I confirm that this is the underwriting company for this case

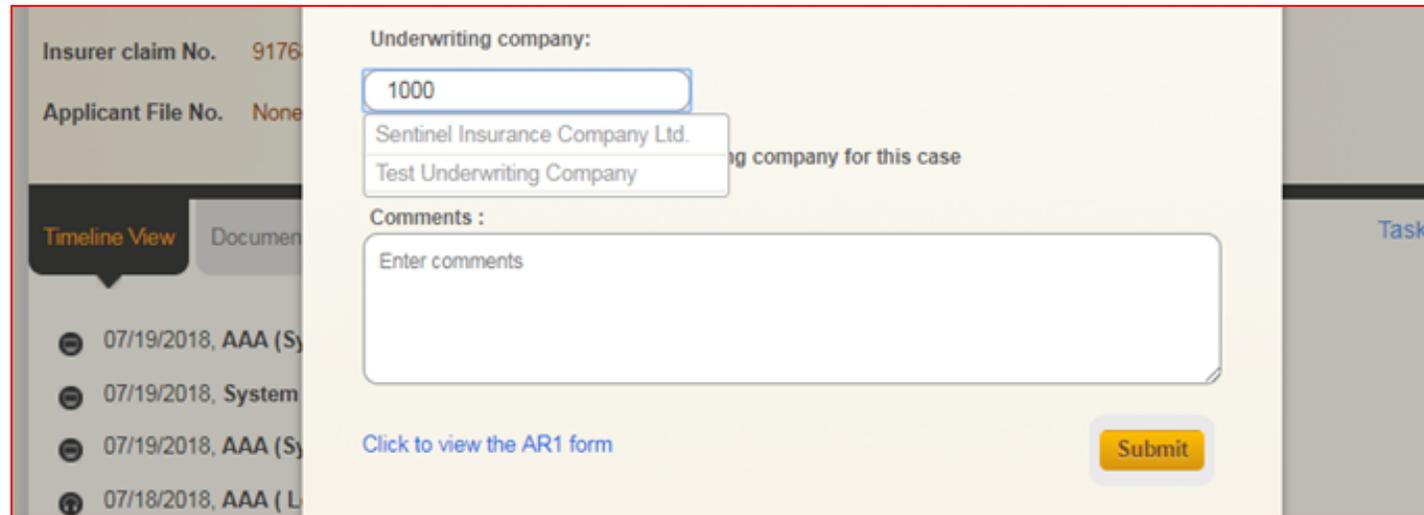
Comments :
Enter comments

Click to view the AR1 form

Submit

COMPLETING THE FIRST TIME FORM TASK

Alternatively, if the user knows the company NAIC number, begin typing the NAIC number and ADR Center will propose possible matches to select.



The screenshot shows a web interface for selecting an underwriting company. On the left, there is a sidebar with a 'Timeline View' tab and a list of events: '07/19/2018, AAA (S)', '07/19/2018, System', '07/19/2018, AAA (S)', and '07/18/2018, AAA (L)'. The main form area has a label 'Underwriting company:' above a text input field containing '1000'. A dropdown menu is open below the input, showing two options: 'Sentinel Insurance Company Ltd.' and 'Test Underwriting Company'. To the right of the dropdown, the text 'ing company for this case' is partially visible. Below the dropdown is a 'Comments :' section with a text area containing the placeholder 'Enter comments'. At the bottom of the form, there is a blue link 'Click to view the AR1 form' and a yellow 'Submit' button.

COMPLETING THE FIRST TIME FORM TASK

After the correct underwriting company has been selected, check the confirmation box and click SUBMIT. The comments section is optional.

Insurer claim No. 9176

Applicant File No. None

Underwriting company:

Test Underwriting Compa

I confirm that this is the underwriting company for this case

Comments :

Enter comments

[Click to view the AR1 form](#)

Submit

COMPLETING THE FIRST TIME FORM TASK

Once completed, a timeline entry is logged in the case record to indicate confirmation of the underwriting company.

The screenshot displays the AAA case record interface. At the top, it shows the American Arbitration Association logo and the case title "New York No-Fault Insurance". Below the header, there are navigation tabs for "Dashboard", "Tasks", and "Calendar". The main content area is titled "Training Medical P.C. / Jordan Louis vs. Testing Insurance Company".

The case details are organized into several sections:

- Case Information:** Case: 41-18-1088-7892, Phase: 1 - Conciliation, Status: 1.a. Case initiated.
- Attorney Information:** Applicant Attorney: Test & Test Law Firm (CA), Injured Party(ies): Jordan Louis, Medical Provider(s): Training Medical P.C., Respondent Attorney: [blank], TPA: [blank], Carrier: Testing Insurance Company.
- ADR Center Team 2:** Phone: (646) 663-3462, Email: ADRCenterTeam2@adr.org.
- Related cases:** Linked: 0, Matched: 0, Carrier Response Due: 08/20/2018.
- Accident Details:** Date of Accident: 02/23/2012, Amount in Dispute: \$871.00, Dates of Service: 10/27/2015 - 10/27/2015, Insurer claim No.: 91768779787, Applicant File No.: None.
- Arbitration:** Arbitrator: [blank], Hearings: [blank].

The timeline view is active, showing a list of events. The first event is highlighted with a red box:

- 07/19/2018, Test Adjuster2 accepted as Correct Carrier
Comments: Underwriting Company: 10000 - Test Underwriting Company
- 07/19/2018, AAA (System) created First Time Form to Carrier
- 07/19/2018, System User filed this case
- 07/19/2018, AAA (System) issued the Initiation Letter to the parties

COMPLETING THE FIRST TIME FORM TASK

Users will also have the ability to update the underwriting company if there was an error made. Under ACTIONS menu, select Add/Update Underwriting Company.

The screenshot displays the AAA New York No-Fault Insurance portal. The header includes the AAA logo, the text 'AMERICAN ARBITRATION ASSOCIATION® Powered by MODRIA Resolution Center', and the title 'New York No-Fault Insurance'. Navigation links for Home, Award Search, Help, Test, and Logout are present. A search bar for 'AAA Case Number' is located in the top right. The main content area shows a case titled 'Training Medical P.C. / Jordan Louis vs. Testing Insurance Company'. The case details are organized into several sections:

- Case Information:** Case: 41-18-1088-7892, Phase: 1 - Conciliation, Status: 1.a. Case initiated, ADR Center Team 2, Phone: (646) 663-3462, Email: ADRCenterTeam2@adr.org.
- Attorney and Carrier Information:** Applicant Attorney: Test & Test Law Firm (CA), Injured Party(ies): Jordan Louis, Medical Provider(s): Training Medical P.C., Respondent Attorney: [blank], TPA: [blank], Carrier: Testing Insurance Company.
- Accident and Dispute Details:** Date of Accident: 02/23/2012, Amount in Dispute: \$871.00, Dates of Service: 10/27/2015 - 10/27/2015, Insurer claim No.: 91768779787, Applicant File No.: None.
- Related cases:** Linked: 0, Matched: 0, Carrier Response Due: 08/20/2018.

At the bottom of the page, there is a 'Timeline View' section with tabs for 'Document View' and 'AR - 1'. A list of events is shown, including: '07/19/2018, Test Adjuster2 accepted as Correct Carrier', '07/19/2018, AAA (System) created First Time Form to Carrier', '07/19/2018, System User filed this case', '07/19/2018, AAA (System) issued the Initiation Letter to the parties', and '07/18/2018, AAA (Levar Savage) reassigned this case to ADR Center Team 2'. An 'Actions' dropdown menu is open, listing options: 'Absence Request', 'Add / Update Underwriting Company' (highlighted in a red box), 'Send Message', 'Make Settlement Offer', 'Appoint Law Firm', and 'Request Time Extension'.

COMPLETING THE FIRST TIME FORM TASK

A pop-up window will appear to allow the user to enter the update information. Again, the user will have the option of entering the name or entering the NAIC number.

The screenshot displays the AAA New York No-Fault Insurance portal. The main header includes the AAA logo, the text "AMERICAN ARBITRATION ASSOCIATION®", "Powered by MODRIA Resolution Center", and navigation links: "Home", "Award Search", "Help", "Test", and "Logout". Below the header are navigation tabs for "Dashboard", "Tasks", and "Calendar", along with a search bar for "AAA Case Number".

The main content area shows a case titled "Training Medical P.C. / Jordan Louis vs. Testing Insurance Company". The case details are as follows:

Case:	41-18-1088-7892	Applicant Attorney:	Test & Test Law Firm (CA)	Related cases:
Phase:	1 - Conciliation	Injured Party(ies):	Jordan Louis	Linked: 0
Status:	1.a. Conciliated	Medical Provider(s):	Training Medical P.C.	Matched: 0
ADR Center Team 2				Carrier Response Due: 08/20/2018
Phone:	(646)			
Email:	ADR			
Date of Accident:	02/23			
Amount in Dispute:	\$871			
Dates of Service:	10/27			
Insurer claim No.:	9176			
Applicant File No.:	None			

A pop-up window is overlaid on the case details, titled "Please select the underwriting company for this claim". It contains a "Close" button in the top right corner and a "Submit" button in the bottom right corner. The pop-up includes a "Self Insured Carrier" checkbox, which is currently unchecked. Below this, there is a label "Underwriting company:" followed by a text input field containing "Test Underw" and a dropdown menu showing "Test Underwriting Company".

At the bottom of the page, there is a "Timeline View" section with tabs for "Document View" and "AR - 1". The timeline shows several events:

- 07/19/2018, Test Adjuster2 accepted as Correct Carrier
- 07/19/2018, AAA (System) created First Time Form to Carrier
- 07/19/2018, System User filed this case
- 07/19/2018, AAA (System) issued the Initiation Letter to the parties
- 07/18/2018, AAA (Levar Savage) reassigned this case to ADR Center Team 2

COMPLETING THE FIRST TIME FORM TASK

Select the appropriate underwriting company and click SUBMIT.

The screenshot displays the AAA portal interface for a case titled "Training Medical P.C. / Jordan Louis vs. Testing Insurance Company". A modal dialog box is overlaid on the page, titled "Please select the underwriting company for this claim". The dialog contains the following elements:

- A "Close" button in the top right corner.
- A checkbox for "Self Insured Carrier".
- A text input field labeled "Underwriting company:" with the value "Test Underwriting Compa".
- A checked checkbox for "I confirm that this is the underwriting company for this case".
- A yellow "Submit" button at the bottom right.

Red arrows highlight the "I confirm that this is the underwriting company for this case" checkbox and the "Submit" button. The background shows case details including Case: 41-18-1088-7892, Applicant Attorney: Test & Test Law Firm (CA), Injured Party(ies): Jordan Louis, Medical Provider(s): Training Medical P.C., and a "Submit" button.

COMPLETING THE FIRST TIME FORM TASK

The timeline entry will update to reflect the updated underwriting company. The underwriting company is also available in the case details dropdown tab.

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AAA Case Number

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Training Medical P.C. / Jordan Louis vs. Testing Insurance Company

Case:	41-18-1088-7892	Applicant Attorney:	Test & Test Law Firm (CA)	Related cases:
Phase:	1 - Conciliation	Injured Party(ies):	Jordan Louis	Linked: 0
Status:	1.a. Case initiated	Medical Provider(s):	Training Medical P.C.	Matched: 0
ADR Center Team 2		Respondent Attorney:		Carrier Response Due: 08/20/2018
Phone:	(646) 663-3462	TPA:		
Email:	ADRCenterTeam2@adr.org	Carrier:	Testing Insurance Company	

Date of Accident:	02/23/2012	Arbitrator:	
Amount in Dispute:	\$871.00	Hearings:	
Dates of Service:	10/27/2015 - 10/27/2015		
Insurer claim No.	91768779787		
Applicant File No.	None		

Timeline View Document View AR - 1

Tasks (1) Actions

07/19/2018, Testing Insurance Company (Test Adjuster2) updated the underwriting company information as follows:
Test Underwriting Company replaced with Test Underwriting Company

07/19/2018, Test Adjuster2 accepted as Correct Carrier

07/19/2018, AAA (System) created First Time Form to Carrier

COMPLETING THE FIRST TIME FORM TASK

The underwriting company will be displayed in the Carrier information section.

The screenshot displays the AAA New York No-Fault Insurance portal. At the top, it shows the AAA logo and 'New York No-Fault Insurance' with navigation links for Home, Award Search, Help, Test, and Logout. Below the navigation is a dashboard with 'Dashboard', 'Tasks', and 'Calendar' buttons. The main content area is titled 'Training Medical P.C. / Jordan Louis vs. Testing Insurance Company' and includes a search bar for 'AAA Case Number'.

Case details are organized into several sections:

- Case Information:** Case: 41-18-1088-7892, Phase: 1 - Conciliation, Status: 1.a. Case initiated.
- Attorney Information:** Applicant Attorney: Test & Test Law Firm (CA), Injured Party(ies): Jordan Louis, Medical Provider(s): Training Medical P.C., Respondent Attorney: ADR Center Team 2.
- Carrier Information:** Carrier: Testing Insurance Company, TPA: (blank).
- Related cases:** Linked: 0, Matched: 0, Carrier Response Due: 08/20/2018.
- Accident Details:** Date of Accident: 02/23/2012, Amount in Dispute: \$871.00, Dates of Service: 10/27/2015 - 10/27/2015, Insurer claim No.: 91768770767, Applicant File No.: None.
- Arbitration:** Arbitrator: (blank), Hearings: (blank).

A table summarizes the medical claim data:

MEDICAL	FROM-TO	CLAIM AMOUNT	STATUS
Jordan Louis Training Medical P.C.	10/27/2015 - 10/27/2015	\$871.00	Active
TOTAL		\$871.00	

Below the table are two detailed information sections:

- Applicant Information:**
 - APPLICANT ATTORNEY:** Law Firm: Test & Test Law Firm (CA), Address: 125 Main Street, City: New York, State: NY, Zip Code: 11111, Email: donotemailtest&test@adr.org, Phone: 123-654-4747, Fax: 9632581477.
 - MEDICAL PROVIDER:** Full Name: Training Medical P.C.
 - INJURED PARTY:** First Name: Jordan, Last Name: Louis.
- Carrier Information:**
 - INSURER / SELF-INSURER:** Full Name: Testing Insurance Company, Address: 789 Broadway, City: New York, State: NY, Zip Code: 11111, Email: donotemailtestins@adr.org, Phone: 000-000-0000, Fax: (blank), Underwriting Company: (blank).
 - CARRIER ATTORNEY:** None.
 - TPA:** None.



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