



Suggested Methods for New Case Filings

The following guide is designed to assist you in filing a no-fault case. This guide will aid you in determining what information is needed in order for a filing to be accepted into the forum.

The Intake team conducts a sufficiency review of all new filings. The staff is trained to identify whether a case meets the criteria for acceptance. All cases are reviewed for accuracy and completeness.

When preparing the AR1 for submission, it is important to ensure all fields of the AR1 are completed. If the AR1 is lacking necessary information required to initiate a filing, the case will be returned with an explanation of what is needed prior to resubmission.

Please find the recommended best practices for case preparation below:

- Ensure that the AR1 form is signed by an authorized person.
- Ensure that your account has sufficient funds to cover the filings fees as they are due at the time of case submission.
- All submissions should be accompanied by the corresponding NF3, HCVA1500 or NF10 that match the dates of services listed on the AR1.
- Prior to submission, review the AR1 for accuracy to ensure that all case information is correct.
- Confirm that the name of the insurance carrier listed on the AR1 matches the NF10, EOB, or EOR, where available.
- In the event that the NF10 is issued by a third party administrator (TPA) the information of the primary carrier or self-insured must be listed on the AR1 in order for the filing to be accepted.
- Ensure that all supporting documentation correlates with the parties listed on the AR1.
- If your firm utilizes unique file numbers, it is recommended that you indicate the file number on the upper right hand corner of the AR1.
- It is recommended that the claim amount is in accordance with the Workers Compensation Fee Schedule rate.

Please find below the recommended best practices for document submission as suggested by arbitrators:

- Cover sheet with a breakdown of bills in chronological order. Please include dates, description of services and amounts. You may find a few suggested, but not required, formats below:
 - **AR1:** Please verify accuracy of information provided therein.
 - **Exhibit A:** Bills in chronological order.
 - **Exhibit B:** NF10s.
 - **Exhibit C:** Medical reports, test results and other related documents in chronological order.
 - **Exhibit D:** Assignment of benefits.
 - **Exhibit E:** Miscellaneous documents such as proofs of mailing, verification responses and rebuttals.
 - **Exhibit F:** Case law, prior arbitration awards, as deemed relevant.