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**ARBITRATION INTAKE FORM**

Please submit cases via email, mail, or contact us and we will come to you and scan your file.

Today's Date: \_\_\_\_\_ Provider: \_\_\_\_\_

Patient: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Claim No.: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Amount in Dispute: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_  
(IME, Peer Review, Fee Schedule Dispute, etc.)

Other Providers  
for Patient: \_\_\_\_\_

**CHECKLIST OF ITEMS TO SEND:**

- Assignment of Benefits
- All Denied Bills for Treatment
- All Denials Contested
- All Your Medical Records
- All Related Medical Records from other Providers
- All IME Reports
- All Imaging and Diagnostic Reports

**FOR PERSONAL INJURY  
LIENS PAID TO PROVIDER**

- Release of Assign. of Benefits
- Proof of payment of lien  
(at No-fault rate)
- All of the items in prior list