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To: [OIC BBPA Arbitration](#)
Subject: Arbitrator application form results #15830112
Date: Wednesday, October 8, 2025 11:20:41 AM

External Email

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As part of the Balance Billing Protection Act, passed in 2019, our office will assemble a list of arbitrators and arbitration service entities to be used during balance billing dispute resolutions. Arbitrators and organizations that provide arbitration services are encouraged to apply to be included in the list of approved balance billing arbitrators. Relevant experience in health care or medical issues is strongly preferred. If you or your organization are interested in applying, please complete and submit this secure form. The OIC will review your application and contact you within ten business days if you or your organization will be included on the list of approved balance billing arbitrators.

Are you applying as an Individual or as an Arbitration Organization?

Individual

Arbitration organization

For individuals

Contact information

Your Name

David L Carey

WSBA/other professional license

2045623

Year admitted/year license issued

1986

Firm name (if applicable)

David Carey - Attorney at Law

Street address

8 Portland Place

City

COLD SPRING HARBOR

State

New York

Zip code

11724

Phone

6317665581

Email

dlcarey123@gmail.com

Professional memberships

Association memberships related to healthcare or alternative dispute resolution (limit 5)

New York State Bar Association

Legal practice and/or health care experience

Is the applicant an attorney

Yes

No

Do you represent carriers?

Yes

No

Do you represent providers/facilities?

Yes

No

Health care billing disputes**Years**

2

Percentage of practice

65%

Carrier and provider/facility contract negotiations**Years**

0

Health services coverage disputes**Years**

0

Other applicable experience (please be specific in description)**Description**

No Surprise Acts Arbitrator; NYSE and FINRA Arbitration Department Staff Member; FINRA Arbitrator; Resolute Systems Arbitrator; Mediator NY Courts and Attorney Client Fee Dispute Arbitrator.

Years

35

Percentage of practice

100

Professional training

Training related to healthcare or alternative dispute resolutions from the American Arbitration Association, the American Health Lawyers Association, or a similar entity. For each course completed (up to 5 most recent or most relevant):

Course #1**Course name**

FINRA

Course sponsor

FINRA

Instructor name

FINRA Staff Member

Course description

Arbitration Practice and Procedure.

Date completed

10/01/2021

Do you have more training to enter? Yes No**Course #2**

Course name

New York State Bar Assn. Mediator Training

Course sponsor

New York State Bar Assn.

Instructor name

NYSBA

Course description

Mediation practice and procedure.

Date completed

04/01/2021

Course #3**Course name**

No Surprise Act Arbitrator Training

Course sponsor

Federal Independent Dispute Resolution Entities

Instructor name

Federal Independent Dispute Resolution Entities

Course description

No Surprises Act Practice and Procedure.

Date completed

10/01/2023

Course #4**Course name**

NY Attorney Fee Disputes

Course sponsor

NY Office of Court Administration

Instructor name

NY Office of Court Administration

Course description

Attorney Fee Dispute Practice and Procedure.

Date completed

06/01/2020

Course #5

Course description

N/A

Completion of 3 credits of WSBA CLE on professional and ethical considerations for serving as an arbitrator.

Course description

Request for Waiver

Instructor name

NY Office of Court Administration

Date completed

10/08/2025

How many times has the applicant has served as one of the following in a healthcare related matter?

- Arbitrator
- Administrative law judge
- Superior court pro tem judge and/or commissioner
- District court judicial officer

Enter combined numer of times

200

Attestation

I swear or affirm that I will support the Constitution of the United States and the Constitution of the State of Washington, and I will adhere to the arbitration process, arbitrator reporting and other applicable provisions of Chapter 427, Laws of 2019. I will arbitrate all matters coming before me faithfully and with fairness to all parties, and perform all associated duties with due diligence and good faith. I will follow the rules in RCW Chapter 7.04A, and disclose information, including any potential conflict of interest to the parties as required by RCW 7.04A.120. My signature acknowledges that the information provided in this application is true and correct, and that I have read and understand Chapter 427, Laws of 2019 and agree to be bound by it, and all other applicable statutes and rules and future amendments thereto.

Signed

David Carey

Today's date

10/08/2025

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