

FACTORY PLUS[®]

Fax Claim Authorization Request

Please Prepare This Claim Authorization Request In Conjunction With The Repair Order/Invoice and Fax To 1-888-619-6704 To Start A Claim. For Claim Instruction or Information Call 1-888-218-8226 During Normal Business Hours.

Customer Name: _____

Last 6 VIN or Contract #: _____ Labor Rate: _____

RO#: _____ RO Date: _____ RO Odometer: _____

Customers Complaint: _____

Diagnosis: _____

Part Name	Part #	Price	Lbr Hours	Total
1) _____	_____	_____	_____	_____
2) _____	_____	_____	_____	_____
3) _____	_____	_____	_____	_____
4) _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____
6) _____	_____	_____	_____	_____

Towed In: Y / N Amount \$ _____

Rental: Y / N _____ days at \$ _____ per day Total Rental \$ _____

Total Requested \$ _____

Tax (if Applicable) _____ % \$ _____

Less Deductible \$ _____

Net Claim \$ _____

Contact: _____ Phone #: _____

Phone #: _____ Fax #: _____

Claim Authorization Number: _____

For timely reimbursement please attach this Claim Authorization Request to the completed invoice and any applicable items eg; Tow Bills, Rental Bills or Sublet Bills and Mail To 5200 Upper Metro Place Suite 350 Dublin, Ohio 43017 or fax all items To 1-888-212-3141 (Payment Only)

ALL REPAIR ORDERS REQUIRE CUSTOMER SIGNATURE TO QUALIFY FOR REIMBURSEMENT